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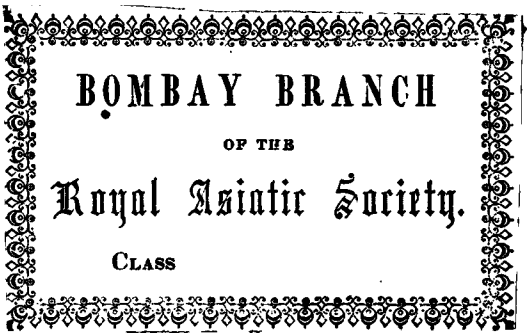
Profession of Medicine

Its Study and Practice

Its Duties and Rewards

CHARLES WEST M.D.



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THE PROFESSION OF MEDICINE.

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PROFESSION OF MEDICINE:

ITS STUDY, AND PRACTICE;

ITS DUTIES, AND REWARDS.

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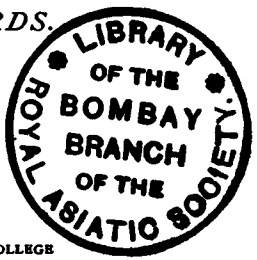

BY

CHARLES WEST, M.D.

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FOREIGN ASSOCIATE OF THE NATIONAL ACADEMY OF MEDICINE OF PARIS;
ETC.

"Whoever loves his ease, or rates a pleasant life higher than duty, will do well to exchange the calling of a doctor for some other occupation."—ZIEMSSEN.

"To live for others, and not for himself, is a doctor's vocation. He must be ever ready to sacrifice his repose, advantages, and comforts, and things higher and dearer still, to the end of saving the life and health of his fellow-men."

HUFELAND.

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TO

The Dear Memory of

PETER MERE LATHAM, M.D.

PHYSICIAN TO ST. BARTHOLOMEW'S HOSPITAL,

MY MASTER, AND MY FRIEND,

WHO TAUGHT,

BOTH BY PRECEPT AND EXAMPLE,

THAT THERE WAS SOMETHING HIGHER THAN SELF

TO STRIVE FOR,

IN THE STUDY AND PRACTICE OF MEDICINE,

I DEDICATE THIS BOOK.

PREFACE.

AT the close of a long life, when active work is ended, when there is no more scope for ambition, no more question of self-interest; and when the mind turns naturally to "what they are doing on the other side," rather than to what is passing here, one still asks oneself, Is there yet nothing can be done to help those just entering on the path which one began oneself to tread sixty-three years ago?

I have adopted as the title of this book that which I gave to an Introductory Lecture, delivered at St. Bartholomew's Hospital, in the year 1850, and I have done so, because what I thought then, when my way seemed smooth, and all my prospects fair, I think still, after much rough journeying, and often under cloudy skies.

An old man's opinions on these subjects will, I am sure, meet with indulgence, and all the more, since in the main they correspond with those of Dr. Gregory,* as expressed in his Lectures on

* Note A, p. 109.

the *Duties and Qualifications of a Physician*, published in 1772; and with those of Dr. Percival,* in his *Medical Ethics*, which appeared in 1803.

My original intention was to republish the two in a condensed form, with such additions and alterations as the lapse of time might render necessary. I soon, however, found the attempt impracticable, so great has been the change in society, and especially in medical society, within the past hundred years.

The apothecary in Dr. Gregory's time was the physician's servant, and nothing more. He supplied the medicines which he had no right to prescribe, and acted as a sort of male nurse; as Green tells us in *The Sparrow and Diamond:*

> "The doctor used his oily art
> Of strong emetic kind;
> Th' apothecary play'd his part,
> And engineer'd behind."

Even thirty years later, when things had improved, the apothecary still occupied a completely subordinate position. "The physician," says Dr. Percival, "should occasionally make his visits in conjunction with the apothecary, who will regard the free communication of the physician as a privilege and means of improvement."†

* Note B, p. 111. † *Medical Ethics*, pp. 54, 55.

The general practitioner of the present day has often had as complete an education, has taken as good a degree, as any Fellow of the College of Physicians. He has charge in many cases of a hospital, teaches in a medical school, has had as wide a field for observation, and has contributed as much as any of his contemporaries to the increase of knowledge. Nor has it been otherwise with the surgeon,

"Who shaved, drew teeth, and breathed a vein,"

at the time when Horace Walpole was building Strawberry Hill, and collecting there all those art treasures whose dispersion at the twenty days' sale I well remember; and when Johnson and Goldsmith were working for bread, not dreaming of undying fame.

Not long after, Dr. Gregory thought of the surgeon only as the operator. "The genius and education," says he, "requisite to make a good physician, are not necessary to make a good operator."*

We read the meaning of "surgeon" far differently now, and were we called on to award the Civic Crown to him who, in our country, has done the most to lessen human suffering, to save human life, and to enlarge the boundaries of our knowledge, we should all unhesitatingly place it on

* *Lectures*, p. 46.

the brows of that eminent surgeon, Sir Joseph Lister.

For myself, I can only hope that if Gregory and Percival were my critics, they would approve of what I have tried to do, and that my book may, in some measure, answer the end now, which theirs accomplished a century ago.

In what I have done, following their footsteps and guided by their light, I have endeavoured to point out to the traveller, just entering on his journey, the course which, when life's shadows are lengthening, will give him the happiest retrospect, and make for him, as George Herbert said, "Music at midnight."

CHARLES WEST.

4, EVELYN MANSIONS, CARLISLE PLACE, S.W.
August 31, 1896.

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THE

PROFESSION OF MEDICINE

I.

On the Study of Medicine

1. CONDITIONS ESSENTIAL FOR ITS SUCCESSFUL STUDY.

Physical qualifications.

BEFORE a youth is admitted as a candidate for service in the Army or Navy, he has to undergo a very searching examination as to the state of his physical health. No less strict an examination is essential in the case of one whose life is to be spent in the battle with suffering, disease, and death; for his life will be a hard one, with few furloughs, and no retiring pension.

He needs to be of a robust constitution, with no hereditary tendency to consumption, gout, rheumatism, heart or kidney disease, epilepsy, or insanity. Extreme short-sightedness, and deafness, even though not extreme, are great

impediments to the study, and still greater to the practice, of medicine.

Mental and moral qualifications.

There are, moreover, mental and moral disqualifications, as well as bodily infirmities, which render medicine an undesirable pursuit. A nervous temperament, inability to bear the sight of suffering in others, an involuntary shrinking from personal discomfort—peculiarities which may all co-exist with considerable mental power, and with much that is good and amiable in character—point to some other occupation in life rather than to that of medicine. In proportion to the power of steady application, to the quickness of observation, to the retentiveness of memory, will success attend the study and practice of medicine. But these and many other good endowments of body and mind will be outweighed by a want of natural cheerfulness, by a passionate, quarrelsome, or irritable temper, or by an unsympathetic disposition. Defects of these kinds bear their full fruit in the worries and fatigues of actual practice, and spoil the happiness, and interfere with the success, of men who, but for these drawbacks, might have risen to great eminence in their profession.

These are all matters to be carefully considered by parents before they advise their sons to adopt the pursuit of medicine, or too readily acquiesce in the choice which a fondness for natural history, or chemistry, or botany may lead a youth to make. All these are but the

handmaidens who wait on the goddess Hygeia; but she is a stern mistress, and a jealous one, and will not disclose her secrets save to a whole-hearted worshipper.

2. PRELIMINARY TRAINING OF THE MEDICAL STUDENT.

Preliminary studies.

The regulations of the Examining Boards in England render it possible for a man to have passed all examinations, and to have obtained the Licentiateship of the College of Physicians, and the Membership of the College of Surgeons, as soon as he has attained the age of twenty-one.

Fortunately, however, very few indeed, if any, avail themselves of this possibility, and eighteen is quite young enough for any one to begin the study of medicine. There can, indeed, be no doubt but that young men who have had, and used, the advantages of the mental discipline which an university education affords, enter on the race far better fitted than the untrained athlete.

Even by those who have not had that advantage, the interval between leaving school and commencing in earnest the medical student's career may be well spent in acquiring a knowledge of the subjects required for the first examination. Chemistry, Physics, and Practical Chemistry; Elementary Biology, and

Practical Pharmacy form a list, before which the courage of the cleverest youth may well falter. Superficial—very superficial knowledge indeed of these subjects is all that can be attained; and it may be doubted whether the very superficial knowledge of a multitude of subjects does not tend to overtask the memory, and weaken the higher powers of the mind. A sovereign is good current coin; beat it out into the thinnest gold leaf, and it serves only to overlay a building with tinsel ornaments, and to conceal defects in its construction.

The tendency of late years in all professions is unduly to increase the number of subjects for examination, and to raise the standard beyond the power of any one to reach in a few short years. The crammer is required, even by the ablest and most diligent student, to ensure his passing the examination; and this feat accomplished, the mind has generally to be swept clear of things half learnt, half understood, to make room for the goods which are to form the man's stock-in-trade all his life long.

Importance of knowledge of pharmacy.

In spite of its disadvantages, there were many compensating benefits which attended the old apprenticeship system. First of all, a young man did really acquire a knowledge of practical pharmacy, which is impossible in any hospital, infirmary, or dispensary, where all medicines are, of necessity, made up in large quantities, and

according to special formulæ; and dispensing a Mistura Purgans, or Mistura Acidi Nitro-hydrochlorici, etc., teaches absolutely nothing available in private practice. Hence it has come to pass that very many of the younger men do not know how to write a prescription, and fall back, of necessity, on syrups, tabloids, and various nostrums, of the composition of which they have a very imperfect knowledge. Mr. Martindale,* in his able address at the Pharmaceutical Society's Congress, observes: "Having obtained little knowledge of the chemical and pharmaceutical nature of drugs, many of our medical friends are thus losing faith in their medicinal weapons." This loss of faith is, I believe, in large measure due to want of knowledge of how to use them. Dispensing chemists, in a large way of business in London, have told me that, not infrequently, they receive prescriptions in which incompatibles are mingled together in unrecognized confusion, or in which the doses ordered are either ridiculously small or dangerously large, while the mixtures are often so nauseous that the patients refuse to take them. In France matters are still worse; for as no medical man is allowed by law to dispense, and all prescriptions are made up by the *pharmaciens*, the doctor has no opportunity of obtaining practical knowledge of drugs and their uses. I have not seldom, while my health

* *Pharmaceutical Journal*, August 1st, 1896, p. 83.

compelled me to live at Nice, been called in consultation; and on asking the physician whom I met to write a prescription for this or that remedy, been met with, "Will you kindly write it yourself, sir? I am not used to writing prescriptions."

In England, too, they are now not merely the very young men who lack the knowledge, but the prescriptions even of teachers and hospital physicians, owing to the absence of any practical training, often betray great want of knowledge of the remedies they prescribe. I would therefore strongly advise every one to spend six months with some general practitioner who dispenses his own medicines; or, better still, with a chemist and druggist, in London, or in some large provincial town.

Uses of apprenticeship.

Another advantage of the apprenticeship was that the pupil spent some time in a sort of medical atmosphere, in which he not only had the opportunity of becoming acquainted with minor surgery, but also with the manners, habits, and peculiarities of sick persons, mostly, indeed, among the poor; but still, between rich and poor, the difference in these respects, when illness comes, is not very considerable. The study of mankind is second only in importance, to the practitioner, to the study of his profession; for he must remember that he has to do not only with the disease, but with the sick person, his wants, his wishes, his fancies, and

his fads; and this knowledge used to come to the apprentice almost imperceptibly, just as the infant gains his knowledge of the world around.

Principles, not details, of collateral sciences to be studied.

But, for good or ill, that time, and those customs, have passed away, never to return. In his independent study of chemistry and biology, the student's endeavour must be to lay hold of the great principles of each science, and not to overload his mind, or his memory, with details, till, as the German proverb has it, "You cannot see the wood for the trees."

The microscope is essential for his biological studies, and fortunate it is for the youth who is fond of natural history or of botany, since the animal and vegetable kingdoms will furnish him perpetually with fresh objects for examination.

Geology and comparative anatomy will supply him with collateral subjects on which to exercise his powers of observation, and, if he should eventually settle in the country, will be a source of unflagging interest in his daily rounds; and these pursuits will, in his preliminary studies, yield far more profit than a premature perusal of medical books.

Importance of amusements.

In the midst of this busy life, however, amusement must not be omitted, for the power of being amused is as essential as the power of doing hard work, and the head-masters of schools have always rated "the good play boy"

as almost on a level with the good worker. "I do not know what people see in the river," said old Q., the famous Duke of Queensberry, as he was looking out of window in his beautiful villa on the banks of the Thames at Richmond. "It is always the same, flow, flow, flow." "Nothing amuses me," said one to Lord Melbourne. "Nothing amuses you?" said he. "Why, as I drive down to the House of Lords, the very lobsters in the fishmongers' shops amuse me." Healthy amusement or vice are the two alternatives. Happy the young man who chooses the former.

In youth out-of-door amusements are ready to hand, and society welcomes the young; but I have known young men whose musical talent put an end to a promising career. Flattered, fêted, sought for for their music or their voice, they made music their occupation more than physic, and Apollo the God of Medicine declined the sacrifice offered to Apollo the God of Music. With this caution, I should wish every student of medicine to cultivate music, were it only for the solace in worry, the refreshment in fatigue, which, as life goes on, it will be found to afford. In this respect painting, a far rarer accomplishment, yields to it, for sight fails as age comes on, and the art can no longer be pursued; while the blind or deaf musician can still feel, or fancy, its charm.

It is wise, however, to provide, in youth, some

additional stand-by in the way of amusement which may serve in after-years, when the doctor has retired from practice, or when weakness has disabled him, or old age has incapacitated him; when he has been forced to give up his customary game at billiards, and the newspaper and whist are the only distractions left to relieve the tedium of the day.

And this is afforded by literature, a taste for which should be cultivated in early life. It helps the young to understand men, their ways and habits, and to form a just estimate of their character. Shakespeare and Molière, to say nothing of other English, German, or Italian classics, are as essential to the library of a doctor while in practice, as the last manual of medicine or surgery, and, in old age, he will find them his best companions.

3. THE ACTUAL STUDY OF MEDICINE.

(*a*) *Study of Anatomy and Physiology.*

He who has been so wise as to fit himself for, and to pass the first examination, before registration as a medical student, has now five years before him which he can devote uninterruptedly to the study of his profession.

In some respects the first two of these five years may still be regarded as, in some sense, preliminary, though preliminary in the same way as drill, the sword exercise, and the management

of his rifle are preliminary to the making of a soldier.

Importance of anatomy.

Dissection for two winter sessions, the attendance on lectures on anatomy and physiology, and the completion of his physiological knowledge by all those means of private instruction which every medical school now provides so abundantly, will well occupy the first two years of the student's time, and, in proportion as he spends these two years well, will he be able to turn the remaining three to good account, and to become a skilled practitioner of his art, and not a mere empiric.

> "Th' illiterate empiric applies
> To each disease, unsafe, chance remedies;
> The learn'd in school, where science first began,
> Studies with care th' anatomy of man."

When and how to visit the wards.

Time spent in going round the wards now, with the physician or surgeon, is, for the most part, time wasted in a sort of busy idleness, which yields no fruit. The cases which the student, during the first two years, should go to see, are such as will impress some physiological facts on his mind. The high temperature of fever or of pneumonia; the laboured respiration which attends heart disease; the convulsions of epilepsy, and wherein they differ from those of hysteria, or the incidents of hemiplegia and paraplegia; and how, in some cases of local paralysis, electricity is remedial, while in others it fails, are so many object-lessons well

worth the learning. But the wards should be visited with a definite purpose, not with mere vain curiosity to gaze upon something new and strange, and to go away filled, at best, with childish wonder.

The casualty ward, indeed, may be visited when time allows, in order to become familiar with the little every-day accidents and ailments, and learn the use of the simplest appliances and remedies; to watch the healing of a wound, or the cicatrization of an ulcer, and thus to learn the elements of his hard lesson, as the child spells out his horn-book. Or the student may go, from time to time, to the ophthalmic ward, and watch there the different processes of disease and repair carried on in miniature under his own eyes; but he should go there, and to the surgical wards, for some definite object, for some illustration of his physiological studies. Hereafter he will return with the express purpose of learning surgery and ophthalmology, but not now.

Note-taking

Of all that is seen, of all that is taught in lectures, notes should be taken—not elaborate notes, such as would be taken in shorthand, for the mechanical process would entirely prevent following the lecture intelligently; but memoranda of the most important points, which may be filled in at home, or serve as a guide for future reading.

The chemical and histological departments of physiology should be worked out, under

guidance, in the summer session, and the latter will be of use as giving an opportunity for acquiring that manual dexterity, and delicacy of manipulation, so valuable for all practitioners, so essential for the surgeon.

(*b*) *Study in the Wards.*

At length all preparatory work is over, and the student finds himself face to face with the great business of his life—the study of diseases, and their remedies. It is a study unlike that of many of the arts and sciences, undertaken not simply for the culture of his intellect, nor for the general advancement of knowledge, for most of what he learns is incommunicable to others; the keen observation, the calm judgment, the acute diagnosis, the skilful therapeutics are his own peculiar property, and he has no mysterious powers by which he can communicate them to others.

Medicine, Surgery, Midwifery, Forensic Medicine, and Public Health, with practical examinations in each, will find full occupation for the remaining three years of student-life, though, happily, the subjects may be separated in examination. With which department of this formidable list shall the commencement be made? Undoubtedly with Surgery; for the processes of disease and repair come more readily under observation as they go on outside

Begin in surgical wards.

the body than when they take place within it. Some time, indeed, is needed before the student becomes accustomed to the strange, novel scene which a hospital presents; and his first bewilderment must have passed off before he can profitably study particular cases, or take notes of any.

I have been looking over the "Lectures on Subjects connected with Clinical Medicine" by my venerated master and kind friend, Dr. Latham, which I listened to in 1834 and 1835, and can but wish that they were reprinted in a cheap and handy form for the use of the medical student of the present day. Their perusal would save him much time wasted in the premature study of handbooks, and manuals, and systems, which, later on, may yield him much profit.

From his own words I take the following, in which he says, much better than I could, what I would wish to say:

"I would recommend that for three or four months the student should allow his curiosity to range discursively over every variety of disease, familiarizing himself with the great signs which belong to all, before he bends down his mind to the rigid contemplation of particular cases. When I say discursively, I mean diligently, and with an earnest purpose of improvement; and in the course of three or four months thus employed you will pick up much real knowledge you hardly know how; but you will find it such as will stay with you."

Daily visits to wards.

In the study of either surgery or medicine it is well to go round the wards daily with the house surgeon or the clinical clerk; for thus the cases can be studied more leisurely, and the remarks made upon them afterwards by the surgeon or the physician can be better appreciated. It is not wise to try to follow the practice of more than one physician or surgeon at a time, nor yet always to limit attendance to the same. Three or four months' attendance on one may be succeeded by three or four on another. There will always be something to learn by the different way in which each investigates a case, and the different way of treating it. It will not be the same in all; and something is learnt, were it only errors to avoid.

Out-patients.

The out-patient rooms are of almost as much importance as the wards. Dangerous accidents, serious diseases, are the exception in medical practice. Three-fourths, at least, will be what might be called out-patient-room cases; and on familiarity with them, rather than with the very grave affections, will the after-success of the practitioner mainly depend.

Clinical lectures.

The clinical lectures of the physician or surgeon whose practice the student follows should never be neglected; and the cases which have formed their subject should be watched with special care, in order to compare the teacher's diagnosis and treatment with those

which the student had thought out for himself. Systematic lectures, however, are best attended after the third year, when some practical knowledge of disease has already been gained. The notes taken, with the cautions already suggested, should be read over, and filled in afterwards, and their teaching compared with that of some standard author.

All this, I know, implies earnestness and painstaking. Some one defined genius as "an infinite capacity of taking pains." It is more than that. But the capacity of taking pains is the great essential for success; and the difference between doing a thing "well enough" and "as well as possible" makes all the difference between success and failure.

> "Do nothing simperingly; think the King sees thee still,
> For his King does,"

is as applicable now as it was in the reign of James the First.

Importance of good manners.

I do not go into further detail; for principles, not details, are my object. But one matter I must refer to. One hears the manners of one doctor compared to disadvantage with the manners of another. This man's manners are rough; he examines his patient with no regard to delicacy. The other is finicking and fussy, and worries his patient by an awkward display of needless attention. A third is brusque, and irritable, and impatient, and seems always in a

hurry; while a fourth annoys by his self-conceit, his intolerance of questions, to which, when he replies, it is by some curt answer, or by some technical phrase, which conveys no meaning to the patient or the patient's friends.

> "I am Sir Oracle, and when I speak
> Let no dog bark."

"Manners makyth man," says an old English proverb, and of no man is this truer than of the doctor.

The essentials of a doctor's manners with his patient are that they be natural, cheerful, gentle, and sympathizing; and all these can be practised by the clinical clerk and the dresser.

Manners to hospital patients, especially to women.

Treat the hospital patient as a friend—a sick friend. That can be done without putting oneself on his level. Show interest, not only in his case, but in himself as a sufferer; in any examination observe the consideration you would expect for yourself—be cheerful, hopeful, sympathizing, and let no word about his illness, calculated to depress him, pass in his presence. If the patient is a woman, especially a young woman, and still more a pretty one, all these points should be observed still more carefully, and be especially particular not needlessly to disarrange her dress. Attention to these points will be appreciated by all, even by those poor creatures whom, a few weeks before, no act, however gross, would have surprised or offended.

Sickness has, for the time at any rate, changed her; she likes to be treated as if she had always been "a good girl."

"Touch her
Gently and humanly,
All that remains of her
Now is pure womanly."

This implies no prudery, for that is a long way off from purity—sometimes conceals its very opposite. It does not interfere with the cheerful chat, the harmless jest. It means but this: treat every woman—young or old, saint or sinner—as you would wish your own sister treated, if poverty and sickness befell her, and she were compelled to take refuge in a hospital.

He who learns this lesson when a student, will need no change in his manners when he enters the bed-chamber of a duchess.

Working for honours.

One word may still not be out of place with reference to the scholarships, gold medals, and other distinctions to which so many aspire, and in working for which they spend most of their time, and almost all their energies. To those whose pecuniary means are limited, the obtaining a scholarship may be of great importance, and to them one can but wish success. The case is different, however, with gold medals and other purely honorary distinctions. The student should, by all means, try for them if his health is good, and if he has the ability to do so without neglecting his practical work,

and the opportunities, which will never return, of acquiring a thorough knowledge of the art, in the exercise of which his whole future life will be spent. It has often happened to me, at St. Bartholomew's, to ask some very diligent student why, for some time, I had not seen him in my ward. "Oh, sir," would be the answer, "I am working for the University of London M.B.," and months were sacrificed to a process of cramming, like that to which the Strasburg geese are subjected, and which ends, as with the poor birds, in a general atrophy, with morbid overgrowth of one organ. In all the intellectual tournaments for honours, it is not always he who is really the bravest knight who comes out the victor. The glamour of the victory soon fades, and, before a man has been two years in practice, his medals and prizes will scarcely be remembered outside the family circle, and his success will come, because this man will say, "He pulled me through a severe attack of typhoid," and another, "He saved my wife in a very bad confinement," and a third, "He showed great coolness and skill in a bad accident."

I would say to all: Do not be like the dog in the fable, and throw away the substance for the shadow.

Foreign travel.

The examinations passed, the student has become a registered practitioner, and I now turn to the new and important duties on which

he is about to enter. If possible, however, he should first take a good long holiday, and visit, if he can, the medical schools of France and Germany; partly to improve his knowledge of the languages, and partly to learn some special things, for which the opportunities are greater than in England.

At any rate, rest and change he must have, for little of either will fall to his lot hereafter; and, if his pecuniary means are limited, he can get both in medical charge of some merchant ship, or of one of Messrs. Cook's excursion steamers. Foreign travel of some sort gives more refreshment, and yields more improvement, than can be obtained in any other way.

LIBRARY OF THE BOMBAY BRANCH OF THE ROYAL ASIATIC SOCIETY.

II.

The Practice of Medicine

"WE are bound, with full and thankful hearts, to own that we have received every good gift from God, and are bound therefore to give it out again with the same compassionate love as that through which we first received it. And, as God's compassion never rests, but works on continually, so should we strive to tread in His foot-prints; our compassion flowing forth steadily, as the Nile does, or the Rhine stream. At the day of judgment we must give an account of our stewardship, and with the same measure as we have received, shall it be meted out to us again."—PARACELSUS.

"I solemnly promise, and I swear, that I am not about to undertake the practice of the healing art alone for my own behoof, but that I may set forth the glory of God, that I may watch over the health of my fellow-men, and that, as far as in me lies, I may add something to the knowledge of my art. I will faithfully and religiously discharge, with all my skill and pains, the duties of my calling, and will minister to every sufferer, whether rich or poor, and with no respect of persons, with the same watchful care. I will risk no man's life by vain experiment, or

doubtful means, and will never debase myself by employing my art for evil or immoral purposes; but will steadily persevere in the endeavour to learn more and more. I will treat my colleagues with courtesy and friendliness, as becomes the dignity of our art, and will be always ready, without regard to my own interest, to be associated with them in the care and treatment of the sick, and, in all things, will do my utmost to make the occupation which I follow a holy calling.

"So help me God, and His most holy Gospels."

(Oath taken, on his graduation, by every doctor of the University of Berlin.)

"Bear always in mind who you are, and what your office is. You are employed by God as a priest of the holy flame of life, and as administrator and distributer of the highest gifts—health and life—and of the secret powers which He has bestowed, throughout Nature, for the benefit of mankind. A sublime, a sacred task. Perform it purely—not to your own advantage, not to your own fame, but to the glory of the Lord, and to the salvation of your fellow-man. Hereafter you will have to give an account for it."

HUFELAND.

DUTIES OF THE PRACTITIONER.

1. *The Practitioner's Duties to his Patients.*

Duties of practitioner.

The noble words quoted above may be summed up in one short sentence:

The duty of the practitioner is, first, to his patient; next, to his colleagues; and, lastly, to himself.

Speedy attendance.

The practitioner's first duty to his patient is a very commonplace one, and yet not on that account unimportant. When sent for, go, with the least possible delay. The case may, or may not, be a serious one; but, in the patient's opinion, it is almost always serious.

As Charles Lamb humorously puts it, "He lies pitying himself, pining and moaning to himself; he yearneth over himself, his bowels are even melted within him to think what he suffers. He compassionateth himself all over; he solely considers himself *the sick man*, and becomes fretful and querulous, and impatient, and asks, 'How is it that the doctor has not yet come?'" And if the case is really serious, and delay has given occasion to the ailment to become worse, what reproaches has not the doctor to endure, and how will he not reproach himself! Considerate people shape their message according to their real needs, but all people are not considerate, and unless the doctor knows his patient well, delay is dangerous, if not for the patient, at any rate for the doctor.

Be the case what it may, a cheerful tone, and a sympathetic manner, are always right, and no time should be lost, on arriving at the house, in idle talk; but, as soon as the needful particulars have been learnt from the friends, the doctor should at once go to the sick-room, for the patient is sure to wonder, if the doctor delays, whether some very bad account has been given

of his illness. On entering the room, he can, if he is a quick observer, learn much even from the state of the chamber, and the surroundings of the patient, as well as from his general appearance, even before addressing a word to him. Robert Houdin, the famous conjurer, whom some of us are old enough to remember, tells this story of himself in his autobiography. When a lad, his father, who was in the same line of life as his son afterwards followed, used to drive with him through the streets of Paris, and enter into a friendly rivalry with him, as to which of them would read most rapidly, and most correctly, the names, and other inscriptions, over the shops. The rapid *coup d'œil* thus acquired he never lost; and to it he attributed much of his after-success. Quick observation.

To the doctor, as well as to the conjurer, this power of taking in everything at a glance is most important, and is a gift well worth cultivating. The mode of questioning the patient, if he is in full possession of his senses, is also of much moment. He must be encouraged to tell his tale in his own way; and though the tale be somewhat long, it is well not to interrupt his narrative too soon by questions, since that will only start him off afresh, and add to the length of his story. When that is finished, comes the time for questions; but care must be taken not to frame them so as to suggest to him that the case is obscure, and that you do not understand

Thorough examination.

it, or that it is specially dangerous. The examination should now be made with special care not to omit any important organ, for it is much to know at the beginning of an illness what organs are performing their functions properly, as well as which are disordered; and of all these points, as well as of the temperature, pulse, and number of respirations, a short record should be made before leaving the house. The examination over, the patient is sure to ask what is the matter with him, and whether there is any danger. To his enquiry the reply should always be cheerful, hopeful; and even if the case is serious, it is always enough to say that the illness is in an early stage, but that in a few days you trust that he will be better. You must not begin by expressing to him a bad prognosis, for hope is a great help to recovery; and if by an anxious face and a depressing manner you take hope away, you thereby greatly lessen your patient's chances of getting better. To the friends you are bound to be more outspoken, and tell them truthfully in plain English, with no technical verbiage, the nature of the case, and, to some extent, your prognosis, avoiding, if possible, medical terms, and taking care, for their sakes, to tell them only what they can understand. Some people, indeed, are very anxious to know the Latin name of a disease, and are much pleased at hearing a word which they can neither

Manner to the patient and friends.

understand nor pronounce, but which seems to bring to them the consolation which the word "Mesopotamia" brought to the poor woman who heard it read in church in the lesson for the day.

Question of consultation.

If at first, or at any subsequent time, the patient or his friends express a wish for a consultation (a subject on which I have more to say hereafter), always accede to it. You will, in all probability, be able to select your consultant; and the credit of carrying a serious case through, single-handed, is more than overbalanced by the discredit, if the patient should die, and you have declined to accede to a consultation. My dear master and friend, Dr. Latham, once said to me, "Depend upon it, no single case ever did the doctor half the good, or half the harm, which he imagined"; so you may well sacrifice the reputation which you may fancy the keeping sole charge of a case might bring you; for very possibly the patient and his friends will say, if he recovers, that the strength of his constitution pulled him through, while, if he dies, his death will very probably be attributed to some mistake on the part of the doctor. Moreover, with people of the nicer sort, the readiness, on your part, to agree to a consultation, or even your own suggestion of it, will greatly increase the family's confidence in you, and lead them possibly to leave the case entirely in your hands.

In his last illness, when his doctor suggested

to the late Lord Justice Selwyn the expediency of a consultation, he replied, "No," and gave the following reason, which, though not complimentary to the medical profession, was, at any rate, satisfactory to his attendant:

> "A single doctor like a sculler plies,
> Slow is the progress, but the patient dies;
> But two physicians, like a pair of oars,
> Will quickly land you on the Stygian shores."

Before leaving the house the prescription must be written, and directions left for the patient's management. The prescription is often written when several people are present, talking in the room. It is well, therefore, for the doctor always to read it out to himself, in order to avoid any of those mistakes which might, in such circumstances, be readily made, and, if it passed into the hands of an inexperienced dispenser, might lead to serious results.

Directions to be written.

The directions for medicine, food, and general management of the patient should always be written, and never given by word of mouth. The temperature and pulse should always be indicated on the temperature chart; and, whether a nurse be in attendance or not, note should be kept on a piece of paper ruled in divisions for Date, Medicine, Food, Stimulant, Sleep, Bowels, Urine, Remarks; the hour of day or night being indicated at which any of these matters were

observed, and the kind and quantities of food or stimulant given carefully noted.

This sheet shown to the doctor at each successive visit keeps him much better and more correctly informed than he could be by any verbal report, made, perhaps, by several different persons. These minute details, of course, need to be rigidly observed only in cases of serious acute disease; but directions for the patient's management should always be written.

Frequency of visits.

The question next comes of how often a patient should be visited; and here I cannot do better than quote the words of Professor Ziemssen, to which he attached so much importance that he printed them in a different type from the rest of his lecture: "Make it a rule, gentlemen, to visit every acute case at least once a day; every chronic case at least once a week; to examine the patient from head to foot; making also a chemical and microscopical examination of the secreta and excreta." How many cases of albuminuria and diabetes, not to mention other diseases, would have been detected in time, were these counsels always followed!

But there are cases in which daily visits do not always suffice, but where the observations I made in my lectures on children's diseases hold good even in the adult: "You must visit your patient very often if the disease is serious

in its nature, and rapid in its course. The issues of life and death often hang on the immediate adoption of a certain course, or on its timely discontinuance. If the disease is one in which changes are likely to take place rapidly, be frequent in your visits—even three or four times a day—as well as watchful in your observation."

Whenever I found that, in my opinion, any case needed very frequent visits, although, perhaps, the patient's friends might not see the necessity, though I was accustomed, as a physician, to receive my fee at each visit, on these occasions I used to say, "I am coming, for my own sake, several times a day, for some days; do not fancy that that means several fees, but I will keep an account of my visits, and tell you what they amount to when the present stress is over," and I always deducted fees for half or two-thirds of my visits, and thus felt at liberty to come as often as I pleased. A similar mode can be adopted by those who do not receive their fees at the time, and will thus give them one of those happy opportunities of unostentatiously doing good to others, which our profession so often places within our reach.

Notes to be kept.

It is scarcely necessary to say that it is the duty of every one who has charge of a case of serious disease of any kind, to write up his notes of it every day. In no other way can he be sure of avoiding grave mistakes. Still more important, however, though not always

sufficiently borne in mind, is the duty of making a diagnosis before adopting any kind of treatment. The mere treatment of symptoms, before ascertaining their cause, is ignorant, or idle, or both; and mischievous to boot, in nine cases out of ten. "Qui bene diagnoscit bene medebitur," says van Swieten, as quoted by Ziemssen, who adds, "Diagnosis is the Alpha and Omega of Therapeutics; and without correct diagnosis there can be no right treatment."

Question of nurses.

When is it necessary to have a nurse? In almost all surgical cases, and for cases of a serious nature, where night watching is needed. Otherwise it is better almost always to provide within the family. No nurse can make up for the loving tenderness of a wife or daughter, or for the respectful, sympathetic attention of the maid-servant—such, at least, as maid-servants used to be in times gone by, and are still, sometimes.

The old nurse of the Sairey Gamp style is no longer to be found; ignorance, dishonesty, and intemperance are abolished, and the account of the class given by Dr. Ferrier, of Manchester, many years ago, in his paper on the "Treatment of the Dying," is so horrible as to seem almost incredible.* The nurse of the present day is an educated woman, free from all the vices of her predecessors; deft in handling

Their good points.

* *Medical Histories and Reflections.* 8vo. London, 1798, vol. iii. p. 196.

the sick, with considerable technical knowledge, and, sometimes, also with large experience. And from these good qualities there are no drawbacks in the case of trained hospital nurses, who are well disciplined, and, with unquestioning obedience, do as they are told, neither more nor less. I have heard that, on the Prince of Wales's recovery from the illness which kept all England watching for the news as if he were every one's brother, Sir William Gull said to him, "Your Royal Highness has been nursed as well as if you had been in a hospital." This speech points out the weak point of many of the nursing associations. The nurse out of the hospital is under no discipline. She is a sort of free lance, engaged in combating disease, together with the doctor, but by no means always subject to his direction. A sentry told off to a certain post must remain there, and do unquestioningly as he has been ordered. The nurse too often feels herself under no such obligation. She not only passes her own judgment on the doctor's orders, but too often criticizes them to the family, as I remember in a case under the care of one of our most distinguished surgeons, and an officer of one of our largest hospitals. The nurse said to the family with reference to some of his directions, "Oh, these are old-style ways; we have done away with all of them, and do quite different now."

Their failings.

Conceit is their besetting sin, as it is of most who have that little knowledge of little things, which is really dangerous when its value is overrated. It is quite possible that sometimes by an hourly watching of the patient she may notice some point which the doctor had overlooked, but this should be mentioned to him privately, not talked of in the family. Sometimes, too, the nurse has a favourite doctor, and disparages the one in attendance. "If you had only had Dr. A., or Dr. B., he would have treated the case very differently," and the anxious friends call him in consultation, and perhaps he actually displaces the other doctor, who had charge of the patient from the beginning.

Not infrequently, too, they are what, if they were of the opposite sex, we should call *masterful*, and, without sufficient reason, exclude the wife, or the children, from the sick-room, without making up for it by any special personal interest in the patient. Too often it is, to them, only *a case*—interesting, or tedious, or troublesome; and the complaint which I have not infrequently heard women make of lady doctors, of want of gentleness, I have still oftener heard alleged against nurses. They place themselves, too, sometimes in a position which they have no right to assume—almost as if they were members of the family—while they refuse to do those little offices in the

sick-room which members of the family would gladly render. I remember once assisting a peeress, whose daughter, of still higher rank than she, was dangerously ill, to wash the medicine and wine glasses on the sick-room table, because the nurse considered it an office beneath her.

I once asked a most amiable lady, whose husband's frequent illnesses compelled her often to seek the help of the trained nurse of the present day, what was her experience of them. "I have had forty," was her reply, "and there are three whom I should be glad to see again."

People, I know, are too often unreasonable and exacting, and no one can have higher respect than I for the qualities of the good trained nurse, and her invaluable help in the management of cases of serious illness. The faults I have referred to are not difficult to correct, and the heads of the different nursing associations would do great good if they would apply themselves to the task.

As matters are, however, I would advise every practitioner to have, if possible, a nurse whom he knows, and can therefore rely on; or, if that is impossible, to explain to the nurse, from the first, what he expects of her, and, at the same time, by his kindly manner to establish friendly relations with her.

How to treat patients who are very ill.

There is another important question still remaining, namely, how to break to the patient or

his friends the existence of urgent danger, and the possibility, or even the probability, of a fatal termination of the illness. The communication should always be first made to the friends, with the enquiry whether all the patient's worldly affairs are settled, and whether he has made his will; and leave the friends to make the communication to him in their own way. To make the communication wisely, and at the right time, it is necessary that the practitioner should retain his interest in the patient, to watch him with undiminished care, as a suffering fellow-man, when all scientific interest in the case is gone, and, above all, never to give up hope. "He who has given up hope," says Hufeland, "has given up reflection, to which apathy and paralysis of the mind must follow, and the sick must inevitably die, because he who has been called to his assistance is already dead." The same question as that about his worldly affairs must be put with reference to the visit of the clergyman or of the priest. Some people, happily, look for it at the very beginning of their illness; and, for all, it is better not to visit "that undiscovered country" without some map of the way thither.

It happens, unfortunately, that sometimes the duty of making this tremendous announcement falls upon the doctor, and here all his knowledge of mankind is called for, not to alarm unnecessarily, and, above all, not to take away all hope. There is no room for repentance, no place for

prayer, when a man is convinced that he no longer has, or can have, a place in this world. "He dies, and makes no sign." Leave him some hope, some feeling that he is still a denizen of earth, that he has not yet passed beyond the reach of God's mercy, that he may make some atonement for the past, some resolutions for the future. "Peace to his soul, if God's good pleasure be." Take away all hope, and you kill a man body and soul.

Question of making a will.

It occurs sometimes that, for some reason or other, the sick person has put off making his will, and awakes to the necessity of doing it when on his death-bed. In such circumstances the doctor is sometimes asked to draw up a will at his dictation. The task is one which the doctor should, whenever possible, decline to undertake; and even if he should, under urgent pressure, take memoranda of the patient's wishes, he should, if time allows, refer them to a lawyer, to put them into proper legal shape. He should, moreover, if he has due regard for his own honour, absolutely refuse any legacy left to him in these conditions. The High Court of Justice of Paris declares absolutely null and void any bequest to the doctor attending a patient in his last illness, if contained in a will made by the testator on his death-bed.*

He will be wise, too, to avoid witnessing a

* METZQUER, *Gazette des Hospitaux*, 1893, p. 296.

will, if possible; for, should the will be afterwards disputed, and the allegation be made that the testator was not sufficiently conscious to know what he was about when he signed it, or too imbecile to understand its purport, he may be involved in much annoyance during the course of the subsequent litigation.

Caution as to over-frequent visits.

I have spoken of serious cases, of cases which have to be visited frequently. But there are cases which do not require frequent visits, though the patients or their friends may wish, and be perfectly ready to pay, for these needless visits. To a certain extent a doctor must fall in with their wishes; but not to a degree which implies the sacrifice of his own self-respect, and brings with it the consciousness that he is turning his profession into a trade. The nervous patient, the mother who has lost some of her children, and who has exaggerated fears for the darling now ill, the person whose spirits have been broken down by long suffering, may well be excused if they desire more frequent visits than their bodily condition actually requires. In seeing such persons frequently the doctor ministers, at any rate, to "a mind diseased," and his sympathizing visits do more than medicine can. But he must, above all, be on the watch against the temptation to make unnecessary visits merely for the money gains attached to them; and must, if he respects himself, plead other occupations, as preventing

Treatment of the great.

him from falling in with all the whimsies of the *malade imaginaire*. There is another difficulty which the doctor, especially in the country, has sometimes to contend with. There may be, in the neighbourhood, some very wealthy family, or family of very high rank, unreasonably exacting in the services they require of him, and who treat him with a condescending familiarity, which is hard to put up with but dangerous to resent, and which, on the part of those who display it, implies extremely bad breeding. Let him always behave to such persons with all the respect to which their position entitles them, but avoid any intimacy with them, remembering the old adage about familiarity's offspring. And, above all, let him avoid the position of the humble friend and dependent, ready to go here or to go there, to do this or that, outside his profession. I once met, at a great house in the country, a gentleman who was the family lawyer, living in the neighbourhood, and on very familiar terms with all. "I am the house cat," he said to me. Now, whatever a country doctor may be, he should never become the "house cat."

2. *The Duty of Professional Secrecy.*

From the earliest ages down to the present day the duty of professional secrecy has always been insisted on. We know the Hippocratic

oath, which was sworn to long before Christianity was heard of:

"That which I see or hear in my professional practice, or in the life of man, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret."

All through the Middle Ages this duty was recognized, and enforced on every medical man.

In 1602 the University of Paris summed up the duty in one short sentence:

"Ægrorum arcana, visa, audita, intellecta, eliminet nemo"—

"No one shall reveal the secrets of the sick, either what he has seen, or heard, or found out";

Rules as to secrecy in France and Belgium.

and article 378 of the French penal code, which is also that of Belgium, runs thus:

"Les médecins, chirurgiens et autres officiers de santé, ainsi que les pharmaciens, les sages-femmes, et toutes autres personnes dépositaires par état ou profession, qui hors le cas ou la loi les oblige à se porter dénonciateurs, auront révélé ces secrets, seront punis d'un emprisonnement d'un mois à six mois, et d'un amende de cent francs à cinq cents francs."*

"Every physician, surgeon, or medical practitioner, as well as every chemist, midwife, or any other person whose occupation or profession makes him or her the depositary of any secret, shall, if he or she reveal it, except when forced to do so by law, be sentenced to a fine of from 100 to 600 francs, and to imprisonment for from one to six months."

* Article 458 of Belgian penal code; quoted by HUMBERT, *Révue Médicale*, 1890, p. 203.

This sentence, too, does not preclude the injured party from bringing an action for damages which the person may have received by the betrayal of his secret. The element of malice does not enter into the question; for in the year 1885 it was expressly decided by the Court of Cassation that "the revelation of a secret confided to a person is a crime, when done knowingly, even though without any intention of injuring," or, as we should say, even without malice. This decision is quoted by M. Brouardel,* with his entire approval, and applies not only to the secrets which the doctor has learnt from the patient, or, to use the French expression, *appris*, but to those also which he has *surpris*, surprised, discovered, in the course of his examination.

Rules in Germany.

In answer to my enquiry, my friend, Professor von Ranke, of Munich, has sent me an extract from the German penal code (Reichsstrafgetetzbuch, § 300), from which it appears that the law with reference to the breach of professional secrecy is equally stringent in that country, as in France or Belgium. The law runs thus:

"Attorneys, Barristers, Notaries, any one appearing for the defence in criminal cases (or Vertheidigen in Strafsachen), Physicians, Surgeons, Midwives, Apothecaries, or others dispensing medicines, and their Assistants, if without authorization they reveal private secrets which have come to their knowledge in the

* BROUARDEL, *Le Secret Médical*, 12mo. Paris, 1887.

exercise of their official functions, of their occupation, or their trade, are punishable by a fine not exceeding five hundred dollars, or by three months' imprisonment."

By the laws of the Roman Catholic Church, a priest who betrayed any secret of his penitent was deprived of the right of exercising any priestly function whatever, and was rendered incapable even of saying Mass; and it is remarkable, if one considers the number of priests who, during the first French Revolution, abandoned their ecclesiastical character, that not a single instance is on record of their having disclosed any secret which, when priests, had been confided to them in the Confessional. On this subject Hufeland, himself a Protestant, says:

"Secrecy is one of the first and indispensable qualities of a doctor, for by his vocation he learns the most important secrets, and takes the place of a confessor. He is to avoid not only being, but appearing to be, indiscreet; therefore he must speak as little as possible of other patients, and answer laconically and indefinitely all questions asked about others."*

No written law in England.

In England there is no law, and, as far as I can ascertain, no regulation of any medical body laying down the law of secrecy, and defining its limits. There has been an honourable understanding—an unwritten law—on the

* *Encheiridion Medicum*, p. 15.

subject, and this, of late years, has come to be rather laxly interpreted. The secret has come to be regarded as not exclusively that of the patient, but as being shared by the doctor, who is supposed to be at liberty, in special circumstances, to divulge what he has been told by the patient, or has discovered, by his examination, *surpris*, as the French say; and this even without acquainting the patient of his intention.

Secrecy not always well observed.

But besides these graver cases, there are others very mischievous and very annoying to the persons who are made the subject of them, and which are due to a habit of idle talk, or of still idler boasting, and for which, I fear, the wife who generally manages to get acquainted with her husband's secrets is, in large measure, responsible. "If ye had not plowed with my heifer," said Samson, "ye would not have found out my riddle." The secret confided to the doctor, or found out by him, is his patient's, not his, still less his wife's; and his wise course in every case is Hotspur's to his Kate:

> "I must not have you henceforth question me;
> And for secrecy, I well believe
> Thou wilt not utter what thou dost not know."

Somehow or other it has come to pass that the doctor's secrecy is not believed in as it used to be, and no longer ago than August, 1895, that well-known learned archæologist and charming writer, the Rev. Dr. Jessop, addressed a letter to the *Illustrated London*

News, headed "Secrecy," from which I venture to make the following extracts:

Dr. Jessop's letter about it.

"To my mind, it is dreadful and unbearable, when a practitioner is called in, and demands, as a *sine quâ non*, that nothing should be concealed from him, that such a man should go next door and tell all he knows about the patient he has left. There are some patients who would rather die by inches than have their ailments made the subject of common gossip. There are some forms of disease which are actually attended by an almost fierce desire for concealment. There are others which, from beginning to end, are associated with recollections that are steeped through and through with self-reproval, and agonies of shame and remorse. There are others, again, which are the results of habits on the part of the patient, such as, if whispered in the market-place, would beggar him. It has often amazed me to hear the cool way in which my acquaintances have discussed the state of health of sensitive girls and women, without a thought of their being guilty of indelicacy, in making our sisters and daughters the 'talk of the town.'

"As yet the legal profession is the only one which takes cognizance of offences against professional ethics. I believe a man is fined at circuit for certain breaches of the unwritten law, and can be disbarred for a line of conduct as an advocate which the Statute Book knows nothing of. If, in the medical profession, there were sufficient solidarity to allow of cognizance being taken of offences against honourable silence by punishment—the severe punishment—of those who trade upon their knowledge of things that were never meant to be discussed in clubs and

drawing-rooms, the doctors would lose nothing, and we who call them in, and are compelled to trust them with our secrets, would be all the happier with the assurance that we had little to fear at their hands."

There is scarcely a trade in which secrecy of some sort is not required, and the pawnbroker would not disclose the name of the person who had pledged an article with him, unless required by law to do so.

It was the feeling that our profession is open to the charge of not always regarding the duty of secrecy as strictly as desirable, which led me to draw up the subjoined resolutions, after consultation with several Fellows, and with the intention of submitting them to the College, believing, as I do, that the body which is the oldest, as well as the chief medical institution in the country, is bound to assert the highest principles in conduct, as well as the soundest in science.

Proposed Resolutions not allowed.

The resolutions which I intended to propose were:

1st. "The College desires to remind all practitioners of medicine of the necessity of reticence in the exercise of their profession, and especially to place on record the hitherto unwritten law, which requires that every Fellow, Member, or Licentiate of the College shall look on all that passes between himself and his patient as under the pledge of inviolable secrecy on his part, except when silence has to be broken in cases of crime, or when a higher moral duty overrides the obligation.

"Of this, the medical man alone can be the judge, and as on him must rest the responsibility, so must he be fully persuaded, in his own conscience, that he is justified in disclosing his knowledge or his suspicions.

"At the same time, it is expedient that, where possible, before any action is taken, he should consult with a professional colleague, also under the seal of absolute confidence."

2nd. "That a committee of the College be appointed to draft a bye-law in accordance with the terms of this resolution."

My application for a Special College, which is usually granted when any matter of special importance has to be discussed, was refused as inexpedient, though there was universal agreement that its consideration was absolutely impossible at the ordinary quarterly meetings.

My ideal of what the College of Physicians should be, and might have been had it so chosen, is a court of honour, to whose decisions all medical men would bow; an arbitrator in all disputes; an advocate with the public and the government in all wrong or injustice. But its ambition has been more lowly, it has adopted as its motto "*quieta non movere*," and has satisfied itself with the humbler duties of an Examining Board, leaving the honour and interests of the profession to the guardianship of the British Medical Association.

It may, I know, be said that the terms of the resolutions (though less stringent than the

law in France, Belgium, and Germany), deprive the doctor of some of the common rights of citizens, and that when what seems to him to be a sufficient reason arises, he must be the judge of what to reveal, and when, and this even without informing the patient of his intention no longer to keep his, or her, confidences sacred.

Peculiarity of Medical Profession.

And this might be true enough were our profession a calling like many others, in which honesty—money honesty—is all that is required. But ours is not a calling like others; it is a sacred ministry, to heal the sick, to comfort and help the sorely tried and tempted, and even to conceal the faults and frailties of many. We form a Society, a Guild if you please, and by its laws we are bound; and, for the general good, our action is, in some respects, restricted.

Now comes the question, What are those higher moral duties which override the obligation to secrecy?

First of all, it may be observed that where there is any doubt as to his duty in the practitioner's mind, consultation with another practitioner—to whom no person's name need be mentioned, but such an outline of the case, and of the grounds for hesitation as to the proper course to pursue—will prevent a hasty decision, and be a great support to the one to whom the secret has, in the first instance, been entrusted.

Unfortunately, this is not always possible; and the great distances which, in many parts of India and of our Colonies, often separate one doctor from another, may compel a decision to be made where a man's conscience is his only guide.

Doctor's secrecy protected in Germany.

The pledge of secrecy must, of necessity, be broken when a practitioner is compelled to give evidence in a court of justice. The lawyer is protected by law with reference to whatever has passed between himself and his client, as are in Germany, in all civil cases, doctors and all the persons above mentioned, who are pledged to secrecy in the discharge of their special duties, and who may refuse to answer questions with reference to matters of which, in these conditions, they became cognizant; as is set forth in § 348 of the German law, with reference to civil proceedings (Die Civilprocessordnung für das Deutsche Reich). The Roman Catholic confessor, in this country, is now always treated with the greatest consideration, and it is even very doubtful whether he has not a right to the protection of the law in refusing to answer questions with reference to anything revealed to him in confession. The right to auricular confession, and the secrecy attached to it in the case of felonies, were expressly stated in a statute passed in the ninth year of Edward II., in 1315, and, no subsequent legislation having taken place on

Secrecy of Roman Catholic Priests.

the subject, it was confirmed by an Act passed 25th of Henry VIII.; and again in the 31st of his reign, when he had separated from Catherine, formed his connection with Anne Boleyn, and was at the height of his quarrel with the Pope, "An Act" was passed, "abolishing diversity of opinion in religion," which expressly declares that "auricular confession is expedient and necessary to be retained, continued, used, and frequented in the Church of God." The Royal Injunction of Edward VI., in 1547, calls on all who are satisfied with general confession not to be offended with those that do use, to their further satisfying, auricular and secret confession to the priest; and Lord Coke himself expressly refers to the legal secrecy of confession, though he seeks to exclude cases of high treason from the privilege. It has since then not been dealt with, either by Act of Parliament or by any judicial decision; but only, and that on rare occasions, by the extra-judicial action of a few of the judges.* The question, then, may still be regarded as a moot point with reference to the priest, but no protection whatever is extended to the doctor. He is bound to answer all questions, but will be wise not to volunteer opinions unasked.

* BADELEY, *On the Privilege of Religious Confession.* London. 8vo. 1865.

The doctor's evidence as expert.

This, too, is especially desirable in cases where the doctor is called on to give evidence in the character of an expert (a position it is in his power to accept or refuse), in cases of railway accidents, or of claims for damages on account of injuries received by a person in the service of his employer or of a company. The doctor is not an advocate, though the mistake is sometimes made of too obviously taking a side, according as the doctor is called for the plaintiff or the defendant.

When should secrecy be broken?

But, apart from cases such as these, there are others in which the question arises, Ought I, in the interests of society, to divulge what I know, or strongly suspect, even though by so doing I break my pledge of secrecy?

Now, first of all, it is to be borne in mind that the doctor is not an agent of police or a detective; that to prevent or to remedy evil is his function, not to punish the evil-doer. Moreover, a moral conviction that a certain crime has been committed by a certain person is not legal proof of the charge; and to denounce a suspected person as a criminal, unless the evidence in support of the accusation is such as to satisfy a jury, in no respect benefits society, while it may entail very serious consequences on him who makes the charge.

Question in poisoning cases.

Many, very many, years ago I was attending, in conjunction with the then President of the College of Physicians, a lady, whose husband

lived on notoriously bad terms with her. A very mild anodyne was ordered for her one night. The effect was utterly beyond what could have been anticipated, and a still smaller dose was ordered for the next night. The following morning the patient's unconsciousness was so profound and so protracted, that it was evident some strong narcotic had been given to her. Dr. Mayo, with that peculiar nervous twitch of the head which some of us remember, at once exclaimed, "The scoundrel! we will have him down, and speak to him." The husband was sent for; and, after hesitating and equivocating answers, Dr. Mayo thundered out, "We advise you, sir, never let this happen again." And it did not; the lady got better, and the family left London. Surely it was something to have prevented a crime, and to have saved the family all the shame of exposure; while, probably, it would have been very difficult to establish a charge of attempted murder.

In many of the cases, in this country, in which death has been caused by the criminal administration of poison, the doctor's suspicions have not been aroused until too late. The murderer by poison is invariably a coward; and the great probability is that, if the woman who slowly poisoned her husband by arsenic had been made aware of the doctor's suspicions, and of how thoroughly she was in his

power, she would have desisted from her crime.

I have no knowledge of India; but my friend, Sir J. Fayrer, tells me that poisoning, and attempts at poisoning, among the natives of that country are sufficiently frequent to make the denouncement of the criminal not only permissible, but a moral duty.

Where person is falsely accused.

Professor Humbert* quotes a case which occurred to Dr. Fournier, of the Hospital St. Louis, in Paris, which well illustrates the occasional necessity for non-observance of secrecy:

"A man was accused of having committed a rape on a young girl who was brought to the Hospital St. Louis. M. Fournier felt some doubt as to the real cause of the injuries which he discovered, and at last the child owned that they had been inflicted by her mother, with an object only too apparent. Between my professional oath of secrecy, says M. Fournier, the observation of which would have benefited this base creature, and the protection which I owed an honest man, my choice was soon made. To foil a diabolical plot, and, if need be, to denounce it publicly, in order to save an innocent man, seemed to me to be a social duty in which I had no right to hesitate, although it implied a breach of professional secrecy."*

"Always bear in mind," says Professor Humbert, "that no professional pledge can ever prevent the doctor from acting on all occasions as a man of honour."†

* HUMBERT, *loc. cit.* p. 207. † *Ibid.* p. 209.

Hence, whenever any person is accused of a crime, which the doctor certainly knows was committed by some one else, no pledge of secrecy should stand in the way of his coming forward and stating the whole truth.

In cases of criminal abortion.

There are two classes of cases in which criminal abortion is either accomplished or attempted. The one is where fast women—married women—not necessarily unchaste, and often, indeed, with no sexual passion, find the duties and restraints of maternity inconvenient, interfering, as they of necessity do, with society engagements, and spoiling their shapely figure; for love of admiration is often strongest with those who have no love to give, but "the ice of chastity is in their kisses"—women happily rare with us, though numerous in old Rome when Juvenal said:

"Jacet aurato vix ulla puerpara lecto."

Such a person I once knew—a woman of rank, the mother of two children. "I find I am pregnant again," she once said to me; "but I do not want any more children. I will get rid of this, as I have done before. If I ride a rough horse, that will do it"; and she did it, but I never saw her again. She was as guilty as any one who applies to a man or woman who employs instruments for the purpose.

The other class is that of women who see in their pregnancy the evidence of their shame,

which they would rather die than face. What, in such a case, are you to do? Are you to publish the fact that you were applied to by such a woman to help to get rid of her burden and her shame? You throw suspicion on her, but she denies your allegation. Or, farther, you examine her, and find that an attempt has been already made, though unsuccessfully, to procure abortion.

Brouardel* quotes a case which occurred to M. Trebuchet, who, when sent for to a case of threatening abortion, discovered, on examination, a wound of the os uteri, evidently made by some pointed instrument, an evidence of an attempt to bring about a miscarriage. M. Trebuchet concludes that the doctor is not bound to secrecy in this case, since the woman herself had not told him anything.

Two distinguished lawyers, the Messrs. Dalloz, reply: "We are not of this opinion, nor do we think that any one can seriously say that the woman confided nothing to the doctor when she allowed him to make an examination; for, in so doing, she entrusted to him everything that he could learn by his investigations." The French law, too, insists on this, that the doctor is bound to keep secret, not only what he has been told in confidence, but all that he has found out for himself, and the inferences he has thence deduced.

French law on the subject.

* *Lib. cit.* p. 12.

Women of the first class may be sternly dealt with, reproved, told of the risk in which they put their lives, reminded that it is in the power of the doctor to expose them; and, if he is wise, he will seek an opportunity for ceasing to attend them.

Women of the second class should be treated with all sympathy and compassion. The dangers of the act, as well as its wickedness should be pointed out to them; and even if the doctor finds that an attempt has already been made to bring about abortion, that does not relieve him from the obligation of secrecy. He is sure of but one thing if he publishes what he has discovered; namely, that he will blast the woman's character for ever; and even if he finds out the guilty person under whose hands she has been, and brings him to justice, the woman herself must appear as a witness against him. He may deny her statements; he may say that he was not aware of her pregnancy; that he thought the case was one simply of enlarged uterus, possibly due to the presence of a tumour; that he had passed the uterine sound simply to make sure of his diagnosis; that, at any rate, he had made a mistake as to the nature of the case, for which error he is very sorry; and what jury would convict him? The only sure result of the doctor's action would be that he would have brought a great scandal on a

family, and would have broken a woman's heart.

Some forty years ago a lady, whom I did not know, came to me. She told me that she was the wife of a gentleman holding a high position under Government, out of Europe. She had come over to England to bring her daughter to be educated here, and had here renewed acquaintance with a gentleman whom she had known before her marriage. In a moment of weakness she had yielded to him, and was now pregnant. She went abroad, and found a woman who tried to bring on a miscarriage, but failed, and she came to ask me to do it for her; for she respected her husband, and loved her children, and the thought of being separated from them, and of the merited disgrace that would befall her, was more than she could bear. Moreover, her seducer had an appointment in South America, and it was impossible for him to return for two years. I talked to her, urged her not to repeat the experiment, dwelt on the dangers to her own life, and reminded her that, at the very worst, in the midst of all possible sorrow and disgrace, the child to be born might be the one comfort in her desolate life. She thanked me with much emotion, and went away. A few years afterwards a lady called on me, and sent in her card, which I chanced not to look at. She brought a little girl with her, and, after a

few questions about the child, who evidently had very little the matter with her, she sent her back into the waiting-room. "I have really come," she said, "to thank you for all your gentle words and kind advice when I came to you"; and she then repeated her story. "I went back to the Continent, however, and had it done, and my husband does not know anything about it, and I am so happy now." As she went away I threw her card, which had been lying face downwards on the table, into the fire, and so I did not know who she was.

Now, when she first came to me, I could doubtless have learned her name, and all particulars about her. And what then? I should have exposed a woman's shame, fixed a stain upon her children, made her husband wretched, and what would society have been the better?

When death takes place, and an inquest is held, and all the sin, and shame, and sorrow are revealed, there is an end of all secrecy, and whatever can be done to bring the crime home to the guilty party, and to secure his punishment, should be done; but, until then, the obligation to secrecy holds good.

There still remain two cases in which the question of medical secrecy arises.

In cases of hereditary disease.

A parent calls to enquire as to the health of a young man, or woman, to whom his son,

or daughter, is likely to become engaged, or of that of his family; and to know whether there is any hereditary constitutional ailment in the family, which would render the marriage undesirable. In such a case the wise and, I think, the proper course would be to refer him to the family, and to say the question is one to which you decline to reply; but that he must not infer, from your refusal, that you do know of any such disease, but simply that the question is one which you never answer, since to do so would, in some cases, be to reveal the secrets, and, perhaps, to compromise the interests of a family.

In cases of syphilis.

Although, in the great majority of instances, the course I have indicated is the correct one to follow, an exception does present itself in the case of syphilis. If the intended bridegroom is not your patient, and you see marks of secondary syphilis upon him, you are bound to him by no pledge of secrecy, and should communicate your suspicions, or your certainty, to the young woman's parents at once.

But, say that he has been your patient, and, perhaps even, that you have treated him for the very disease. Talk to him, urge him, by every consideration, not to persevere in his addresses; point out to him the danger of infecting his wife, and of transmitting the disease to his children, and, if he will not hearken to you,

here is one of the higher moral duties which override the obligation to secrecy — denounce the man to the parents of the young woman, and, depend upon it, he would not dare to bring an action against you for libel; nor, if he did, would any jury convict.

A man sometimes contracts syphilis after marriage, and comes to you for treatment. Speak to him strongly about the danger of infecting his wife, and the absolute necessity of avoiding it; mentioning also the fact that infection communicated by the husband constitutes cruelty in the eyes of the law, and is a valid reason for divorce; but, at the same time, do all in your power to allay the wife's suspicions, and keep the husband's secret. What possible good could come from revealing it? I remember a gentleman coming to me once, weeping abundantly, as he told me how, returning home one night, after having taken too much wine, he contracted a gonorrhœa, and came to me to learn whom to consult, and how best to keep the secret from his wife, whom he said he loved, and, knowing the man, I believed him. If the husband is altogether bad, his unfaithfulness is sure to come out, and you, at any rate, will not have needlessly aggravated matters.

I may perhaps add, that in other cases besides that just spoken of, the husband's secret is his, the wife's is hers, and should be communicated

to no one. When husband and wife come together, and ask your opinion in each other's presence, the evidence of mutual confidence between them justifies your fullest answer. But when the husband writes to know your opinion of the wife's illness, or the wife of her husband's, you are bound, without the authority of the other, to refuse an answer. It has happened to me to receive an abusive letter from a husband for my refusal to answer; but that did not matter much. On another occasion, a gentleman and his solicitor called upon me, when the following conversation took place: "You have seen my wife, Mrs. ——?" "Indeed, I cannot say." "Perhaps she came under such a name, and telegraphed from such a place." "I cannot say; but what would you think if you came to me to consult me in confidence, and your wife wrote to me, asking what was the matter with you, and I replied telling her everything?" He was seeking a divorce, on I know not what grounds, and left the room in a rage, saying, "We'll find the means to make you tell"; and I said, "Will you?" and I never heard of him again.

In cases of Life Insurance.

The last of these questions refers to cases in which a doctor is referred to by a Life Insurance Office for information concerning the health of a patient of his, who is desirous of insuring his life. The value of these certificates is small, for the doctor is naturally disposed to oblige his

patient, and to give as favourable an account of his health as possible, so that, without wishing to make an incorrect statement, these certificates often tend to mislead, rather than to inform, the company which seeks for them.

But the difficulty would seem to cease if the patient authorizes the doctor to state fully all that he knows, and thus relieves him as far as he is personally concerned from all obligation to secrecy. Still, the doctor's certificate may compromise the family; supposing him to state that some of them have suffered from, or died of phthisis, diabetes, albuminuria, or heart disease, or have been epileptic, or have died of apoplexy, and the patient's personal authorization cannot entitle him to give these details concerning the family. If the doctor gives a certificate only in cases where his certificate is favourable, and refuses it in others, his refusal of itself implies the knowledge on his part of something in the health, either of the applicant or of his family, which would render the life undesirable for insurance.

The wiser and better course is for the doctor to say that he makes it a rule never to furnish the certificate asked for; but that no conclusion unfavourable to the applicant is to be drawn from the refusal, which is not exceptional, but invariable on his part in all cases.

This refusal, too, is no real hardship to the

company, since their own medical man can put all questions he chooses concerning himself and his family to the applicant, as well as make a thorough personal examination of him. There is no question of secrecy on the part of the examining doctor. He is bound, as the applicant well knows, to furnish the company with full particulars of all that he has learnt from the applicant, as well as of all that he has discovered for himself, and occupies in these respects the position of an expert. If this refusal on the part of the practitioner were generally practised, a few guineas might be lost by him, which he might receive for a certificate; but, while the company would really lose nothing by not receiving an often illusory certificate, the doctor would be relieved from what is often a very difficult position, in which the wish to tell the truth is met by the fear of offending his patient, if he states fully and exactly all that he knows of the real state of his health.

For similar reasons, if applied to for a special certificate of the causes of death of a person on whose life an insurance has been effected, the wise and proper course is to refer the company to the certificate already given to the Registrar of Deaths, and to decline to furnish any other.*

* In the opinions here expressed with reference to the duty of the practitioner in Life Insurance cases, I have followed the extremely lucid statement, and adopted without hesitation the conclusions of M. Brouardel.

THE PRACTITIONER'S DUTIES TO HIS COLLEAGUES.

Want of comradeship among doctors.

"He is my *comrade*," says the soldier, and, so saying, he implies an obligation to show kindness and give help to his fellow, such as he would not feel called upon to render to any one who was not a soldier like himself. It is much to be desired that "He is my *colleague*" should carry to the doctor's mind the same meaning as "He is my *comrade*" does to the soldier's, and that he would always show to him, what Milton calls, "those outward duties of a friendship, or those colleagueships of persons on the same journey."

These "outward friendships," indeed, do not imply anything deeper; but, at any rate, they put a stop to that jealousy, detraction, and strife, which, in the exercise of his calling, are among the infirmities that too often beset the doctor's path. According to a French writer, "the jealousy of doctors is proverbial; and the profession of medicine, it is said, predisposes to that infirmity, just as marshy districts do to ague."* Success in his calling depends in so large a measure on personal qualities, real or supposed, on the skill with which he is rightly or wrongly credited, on his manner and address, that it is hard, in the struggle for success, sometimes even for little

* HUMBERT, *loc. cit.*

more than a bare subsistence, for those who have been left behind in the race not to envy the winners, not almost unconsciously to scrutinize their weak points, and next to publish their discoveries to others; and this not so much to do harm to their rivals, as from some vague hope that they thereby will benefit themselves. "*Pour y parvenir*" is a bad principle to start with, and brings in its train "envy, hatred, malice, and all uncharitableness."

Hence, to a great degree, arises what has been termed the want of solidarity in the profession, each one fighting for his own hand. One of the greatest benefits, perhaps the greatest, which the British Medical Association has brought with it (and, not being a member of it, I can speak the more freely), has been the bringing medical men together by its provincial branches. It is not easy to keep on bad terms with men whom one is sure to meet in ostensibly friendly reunion every month or two.

But, if this comradeship or colleagueship is to be true, and not merely a subject for a sentimental speech at a public dinner, or some unrealizable, unattainable ideal, like the *Liberté, Égalité, Fraternité*, stamped on the coins, inscribed on the buildings, of a neighbouring country—*les trois blagues* Frenchmen call them—its practice must enter into the prosaic details of daily life.

Suggestions for maintenance of friendliness.

How numerous the occasions for its practice are, a few illustrations will serve to show.

1st. When a doctor comes to settle in a neighbourhood, and especially in the country, he is not exactly a *persona grata* to the practitioners already established there. He must try at once, as far as may be, to disarm hostility, and to show his desire to be on a friendly footing with all the medical men in the district by calling on them, and must be prepared to meet coldness with courtesy, and to receive rebuffs with quiet dignity. Such conduct will not be lost upon them, and, at any rate, he will have behaved like a gentleman, and have given no occasion of offence to any one.

2nd. He must further show consideration and friendliness (urbanity is the good old English word for it) to all practitioners with whom he may come in contact, especially to those who are older than he. He must be very careful to avoid anything like self-assertion before them, though he may perhaps justly feel himself much their superior; for irritability often grows with age, and deference becomes the young. In France, the young physician addresses the old as "*mon maître*" ("my master"), and the custom, though it means nothing more, at least teaches good manners.

3rd. It is desirable to join, at once, the branch of the British Medical Association in

his own district, and also to become a member of any medical society in the town or neighbourhood; but not to be in a hurry to take part in the discussions, till he has had time to study the character and gauge the knowledge of its members, lest he should unintentionally give offence, or expose himself to the charge of wanting to show off.

4th. It is important to ascertain the general rate of remuneration of the practitioners in the district, and to conform to it as far as possible, and especially to avoid any appearance of seeking for practice by making lower charges than others. The Medical Society of Louvain has adopted a scale of charges according as the patients are rich, comfortably off, small tradesmen, working-men; the first class paying thrice what is paid by the fourth.* Dr. Styrap† has proposed three classes, his division being based on the amount of house-rent paid by each class. With much deference I venture to suggest a doubt as to whether house-rent furnishes, of itself, a fair basis for classification. The number in family, and the occupation of its head, govern the amount of rental. A tradesman with six children will often pay a higher rental than a gentleman of independent means, with no family. Still, the principle involved is most

* HUMBERT, *loc. cit.*

† *Medico-Chirurgical Tariffs*, 5th Edition, 8vo. London, 1890.

important; its adoption would prevent much ill-feeling, and, moreover, would place the doctors in a position to resist the tyranny of the clubs.

5th. Every practitioner is bound to abstain from criticizing the treatment adopted by another, and if asked about it, as he often is, by silly women, idle gossips, his only answer should be, that no one can give an opinion on a case which he has not seen. The mischief done by an unguarded expression, probably magnified, perhaps unintentionally altered in the repetition, is incalculable, and often sows the seeds of life-long enmity, all which evil is prevented by simply leaving an impertinent question unanswered.

6th. If called to a patient because of the accidental absence of the usual attendant, the practitioner should neither criticize the treatment previously adopted, nor make any change in it without urgent need, and, in that case, should send a note to his colleague explaining his reasons for the alteration. If, in the absence of the usual attendant, he attends a patient in her confinement, it is customary to halve the fee. That, however, is a matter for friendly arrangement.

7th. Similar rules apply if he undertakes the duties of a professional brother during his holiday. Let him, as far as possible, continue the same line of treatment, and be especially

careful not to drop a word which may even seem to disparage his colleague, and, above all, let him look on it as a point of honour not so to use his position as afterwards to supplant his friend; a contemptibly dishonest act, of which I am sorry to say that I have known instances. Among London physicians the custom is that the *vicarius* receives the fees; but, in every case, a clear understanding on that point should be come to at the outset.

8th. It is always the practice to attend a colleague, his wife, and such of his family as are dependent on him, gratuitously; but if his colleague is wealthy, and desires to give the customary remuneration, the doctor has no right to force an obligation on him.

Consideration for the indigent.

Clergymen, whose means are limited, as they too often are, are always seen gratuitously, not because they are clergymen, as now and then I have known a wealthy rector imagine, but because they are poor, and I should feel no compunction in taking a fee from a bishop. The same rule would apply to members of other professions, to governesses, and to gentlemen engaged in occupations to which one knows that only a small salary is attached, and to any on whom one knows the *res angustæ domi* press heavily. To lessen the sense of obligation on the part of those whom necessity compels to accept that which they almost blush to receive, I was accustomed often to take one fee, and,

on receiving it, to say, "Now, this is a retaining fee, you are always henceforth to come to me as a friend," and there are many ways in which those who keep memoranda of their visits can show consideration for those whom the French call "*les pauvres honteux*."

Disinterested kindness of doctors.

But it is scarcely necessary to specify the occasions and the manner in which a doctor should show kindness; that kindness is proverbial; it goes on so constantly, so quietly in his daily work, that people take but small account of it, though they would complain bitterly if it were withheld. We take no note of the showers which keep the meadows green, and the earth fruitful, for we are so used to them that we have a sense of almost personal injury if the clouds yield no moisture, and the herbage is parched, and the dry ground cracks under the burning sun. And so it is with the doctor's daily service of the poor.

A new word has been coined for this kindness to others. Altruism they call it; a nineteenth-century name for Christianity with Christ left out; a plagiarism from an old Hebrew book now looked upon as out of date, and from the Sermon on the Mount. But the kindness is not the less real, the less spontaneous; the streams still fertilize the plain, still slake the traveller's thirst; albeit, like Abana and Pharpar, rivers of Damascus, they have not the wonder-working powers of Jordan.

I have referred to the good work done by those who find other motives for it than those which seem to us to be the highest, in order to caution those, who trust that they have drunk of

"... that stream
Which flows hard by the oracles of God,"

not to put their creed too prominently forward as if in contrast with that of others who, perhaps, after long enquiry and patient thought, cannot adopt it. Above all, let them not, from mistaken zeal, trench on the office of the priest, the clergyman, or the minister. They need not conceal their belief; they will do no good by obtruding it, while they would expose themselves to the suspicion of pretending to be better than their neighbours; a suspicion mischievous to themselves, and injurious to the cause they have at heart.

All these details must, I fear, have seemed hopelessly tedious; but no one goes to a Law Book for amusement. One important matter, however, still calls for notice, namely:—

THE DUTY OF A PRACTITIONER IN CONSULTATION WITH HIS COLLEAGUES.

Conditions calling for consultation.

There are several circumstances in which consultation with another practitioner is desirable.

1st. When the medical attendant is not confident of the accuracy of his diagnosis, or when conditions present themselves in the course of

a case which seem to throw doubt on the accuracy of the opinion which he had formed originally, after very careful investigation.

2nd. When the question arises whether one or the other of two modes of treatment is the wiser, or when the plan which has been adopted has failed to relieve the patient's symptoms.

3rd. Whenever the anxiety of the patient's friends suggests its expediency, partly for calming their apprehensions, partly for sharing the responsibility with another; a point which, at the commencement of a young man's career, is often of great importance.

The utility of a consultation is often much lessened, sometimes entirely destroyed, by the vanity and self-seeking of the practitioner, who fancies that to seek the advice of another implies incompetence on his own part, which it is far from doing, and hence he opposes it, and says that is not necessary, since he knows all about the case as well as anybody else, perhaps even better. Owing to this opposition on his part, it now and then happens that the time when a consultation could be of real use is allowed to pass by, and so it has occurred to me more than once to be called in simply as a preliminary to the undertaker.

Prejudice or prepossession on the medical attendant's part should never be allowed to influence him in the choice of a consultant. He should ask himself simply who has the

largest experience in cases of this kind, who has the highest reputation; for the consultation is held, first of all, for the patient's sake, and he who puts that first, and leaves his reputation to take care of itself, will find, in the long run, that his reputation stands all the higher.

Friendliness towards consultant.

The friends of the patient will in general acquiesce readily in the choice of a consultant by the attendant, but occasionally they will insist on the selection of some one whom they name, and he perhaps younger and of less experience than their own doctor. If he, however, is a regular practitioner, and one against whom, on professional grounds, no objection can be made, it is well to at once acquiesce in their choice; an inferior man coming fresh to a case may notice something that has escaped even an acute observer, or he may make some suggestion as to treatment not altogether useless. Even at the worst, with courtesy and tact, he may be brought to see the wisdom of the opinion previously expressed, and of the treatment followed, and if nothing else is gained, the doctor will have acquired a fresh hold on the confidence of the family. I remember some fifty or more years ago, when I had not long held the membership of the College, being asked by some people whom I knew slightly to meet in consultation the physician who was attending a member of their family. To my surprise, I met a man more than fifty years of age,

physician to one of our largest London hospitals, and who had a very extensive practice. He smiled when he saw me, for I was quite unknown to him, but received me with such exquisite courtesy, asked my opinion so graciously, expressed such pleasure in meeting me, and all this without bating a jot of the dignity which became him, that he taught me a lesson which, I am glad to say, I had not forgotten when I became old.

Numerous consultants undesirable.

It is never desirable to have numerous consultants. Two, at the most, and that quite exceptionally, when there is some obscure question of diagnosis; with reference to treatment, one is quite sufficient. "Quot homines, tot sententiæ," and compromises between three people with reference to the treatment of a case are worse than idle. I once formed one in a consultation of seven, and the most that can be said is that the patient was neither better nor worse as the result of our deliberations.

The doctor in charge of the case is bound loyally to carry out the treatment agreed upon with the consultant for so long a time as is necessary to give it a fair trial. If, having done so, it fails to do good, he may either try some plan of his own devising, or ask for another consultation either with the same, or another consultant, as may seem to him best for his patient.

Cases where the doctors differ.

If his opinion differs either as to the nature of the case, or as to the treatment which is desirable, and he feels honestly unable to acquiesce in the views of his colleague, he cannot do better than act on the lines laid down in the Bye-laws of the College of Physicians, which are as follows:

"If two or more physicians be called in consultation, they shall confer together with the utmost forbearance, and no one of them shall prescribe, or even suggest, in the presence of the patient, or of the patient's attendants, any opinion as to what ought to be done, before the method of treatment has been determined by the consultation of himself and his colleagues; and the physician first called to a patient shall, unless he declines doing so, write the prescription for the medicines agreed upon, and shall sign the initials of the physician, or physicians, called in consultation, he placing his own initials the last. If any difference of opinion should arise, the greatest moderation and forbearance shall be observed; and the fact of such difference of opinion shall be communicated to the patient or the attendants by the physician who was first in attendance, in order that it may distress the patient or his friends as little as possible."*

There are two different faults occasionally met with on the part of the consultant, either of which deprives a consultation of all its value. On the one hand he places the interests of his colleague before those of the patient, and,

* Bye-law 174.

without having thoroughly examined the case, expresses his perfect acquiescence in the diagnosis formed and the treatment adopted, and indulges the friends in a panegyric of both; or he goes to the opposite extreme, acts as if he were called in to discover some error, and, by pointing it out, to display his superior skill to the disparagement—possibly to the serious injury—of the medical attendant. The former fault—the outcome partly of indolence, partly of an easy temper—is the more common, and the more pardonable; the latter is the outcome of overweening vanity, utter want of conscientiousness and of consideration for his colleague, and is as mischievous as it is contemptible. It is well to bear in mind that in any case the odds are greatly in favour of the correctness of the view taken by him who has been watching it, perhaps, for days, and that not without good reason should it be differed from; and the difference should then be expressed rather as a suggestion, and that couched in the most courteous terms possible. It would do much to allay jealousy if it were always understood that he who sees a case in consultation can never take sole charge of the patient in that illness, even if the original attendant were dismissed, but that he can act only as a consultant either with the original attendant, or with his successor.

Consultations with women doctors.

Within recent times two questions with reference to consultation have arisen, of which our predecessors knew nothing. First, as to consultation with women doctors. No one can feel more strongly, or have expressed himself more decidedly than I, as to the inexpediency of the practice of medicine by women, a pursuit for which I regard them, to borrow the words of our late lamented President, as "physically, mentally, and morally unfit." But the public and the Government have thought otherwise. Women have been admitted to medical examinations, they have taken medical degrees, have obtained medical licences, and have all the rights of registered practitioners. They can call in a man in consultation, or act as consultants in a case of which a man has charge, and in either capacity no one can refuse to meet them. The only duty incumbent on the medical man in such circumstances is to treat the female doctor not only with the courtesy due to a colleague, but with the special consideration due to a gentlewoman.

Consultations with homœopaths.

The other question, as to consultation with homœopaths, is more difficult, and has given rise to much difference of opinion. It must, however, be borne in mind that the homœopathy of the present day differs widely from homœopathy as invented by Hahnemann. Of the three articles of his creed, two have been absolutely renounced; and the third is held

with a lurking suspicion that it may not always hold good.

The dogma that all diseases originate in suppressed Psora was probably devised, at first, as what Jaques, in *As You Like It*, calls "an invocation to draw fools into a circle," and, having answered its purpose, has long since been relegated to

> "That limbo large and broad, since called
> The paradise of fools,"

to which, sooner or later, such trumpery (*tromperie*) is consigned.

The first is pure nonsense; the second, the pretence of administering infinitesimal doses, the virtue of which was supposed to be increased—vitalized, as it was called—by the juggler's trick of giving certain shakes to the bottle, sleeps now in oblivion. But, as there is an element of good in things evil, and an admixture of truth in most errors, so medicine is largely indebted to the homœopaths for the proofs they have afforded that the useful action of medicines is by no means in proportion to the largeness of their dose; that small quantities, frequently given, often do much more than large ones administered at longer intervals, just as, in the Latin adage, the drop wears the stone. Nor is this all; but the absolute inertness of many of their so-called remedies has increased our knowledge of those restorative powers in Nature, of which the tendency to solution of

pneumonia is a striking illustration. They have also done much, by their example, to direct more attention to diet in sickness, and to the general surroundings of the patient, and have taught us the truth that, in many cases, *Optima est medicina, medicinam non facere.*

The recent advances in chemical and pharmaceutical knowledge have placed many potent compounds, which occupy but small space, at their disposal, and are used by them often wisely, though inconsistently with the principles which they profess.

The third great article of their creed, the symbol of their faith, like the Mahommedan "There is no God but God, and Mahomet is His prophet," and which they inscribe upon their banner, has also an element of truth in it. I could, if I might but introduce a qualifying adverb, write without hesitation, *Similia similibus aliquando curantur.* Vaccination illustrates this truth, and so do Pasteur's discoveries, and so does the recent anti-toxin treatment of diphtheria; and, probably, we shall have in future times fresh illustrations of the truth.

But to lay it down as a principle, the guiding principle in the treatment of disease, as universal as Vincentius of Lyra's definition of theological truth, *Quod semper, quod ubique,* is an absurdity, contradicted by every day's

experience, and, indeed, is not held practically by themselves.

The practice of medicine cannot be reduced to a system. It is the aggregate of observations made by honest and intelligent men, to which we hope and believe that each year adds something. It is an edifice always building, never finished, constantly under repair; and of this the history of homœopathy furnishes an apt illustration. The homœopaths have renounced most of the articles of their ancient faith, and I expect that in the next generation, though not in my time, they will have dropped their distinguishing title, and mingled, with no special designation, in the ranks of the profession. They will die out as a medical sect, and will swear allegiance to Apollo and Esculapius, and forget the shrewd, clever, ignorant charlatan whom erst they worshipped.

They, even now, are registered practitioners, have the same rights as others, and are entitled to the same treatment by all members of the profession, subject only to the condition well defined in a resolution of the College of Physicians, passed on December 27th, 1881:

"That, while the College has no desire to fetter the opinion of its members in reference to any theories they may see fit to adopt in connection with the practice of medicine, it, nevertheless, considers it desirable to express its opinion that the assumption or acceptance, by members of the profession, of

designations implying the adoption of special modes of treatment, is opposed to those principles of the freedom and dignity of the profession, which should govern the relations of its members to each other and to the public."

I entirely endorse the observations of the late Dr. Bristowe, in his address on Medicine, reported in the *British Medical Journal* for August 13th, 1881:

"Where homœopaths are honest and well-informed, and legally-qualified practitioners of medicine, they should be dealt with as if they were honest and well-informed and qualified. I shall not discuss the question whether we can, with propriety or with benefit to our patients, meet them in consultation. I could, however, I think, adduce strong reasons in favour of the morality of acting thus, and for the belief that good to the patient would generally ensue under such circumstances."

Of the same tenor are the remarks of Mr. Jonathan Hutchinson, reported in the *British Medical Journal* for August 20th, 1881.

Were I still in practice, I own that I should demur to a homœopath coming alone as consultant to a case under my charge, since the consultant has, in great measure, the right to control the treatment; and I should wish to avoid, both for the patient's sake and my own, any unseemly expression of disagreement with his proposals. But I should be quite ready to meet him in consultation, or to take joint

charge of a case with him, with the understanding that I should be at liberty to retire if there should be a wide divergence between our views.

I should meet him, however, provided he did not publicly affix homœopath to his name. I have known, and respected, physicians who had great faith in mesmerism—as, for instance, the late Professor Chaussier had—and who often had recourse to it in their practice. They did not, however, display "Dr. ——, Mesmerist," on their door-plate, any more than "Dr. ——, Manicure"; and I should regard any one affixing a special epithet to his name as on the same footing as the proprietor of Beecham's Pills; personally, perhaps, a very respectable man, but outside the pale of professional intercourse.

THE PRACTITIONER IN HIS RELATIONS TO THE PUBLIC.

These relations will depend very much on the relations of the practitioner to his colleagues, on the degree in which the spirit of comradeship, of colleagueship, pervades the members of the profession in the neighbourhood where he lives. "When medicine is in a position to command respect, be sure that its rewards will be proportionately increased, and its status elevated."* "It is a noble profession, but a very bad trade,"

* Sir W. Stokes, in his Address at the meeting of the British Medical Association, at Oxford, in 1860.

once said my dear friend and master, Dr. Latham; and if the trade spirit prevails, the personal jealousies, the rivalries, the self-advertizing, the underselling — all the bad characteristics of the common shopkeeper—are displayed in the profession, how can the public be expected to look up to its members?

Doctors often treated grudgingly.

But, be the faults of the doctors what they may, the conduct of the public towards them is often most blameworthy. In calculating their annual expenses, many people do not reckon the cost of medical attendance. They allow so much for rent, so much for household expenses, so much for dress, for the children's education, so much for amusement; but the doctor's bill comes on them with all the shock of an unexpected additional penny in the income-tax, or an enormous increase of the rates. They remember of their illness only that they were extremely uncomfortable themselves, or very anxious for some one very dear to them, but they forget what they owe to the doctor for their recovery, they begrudge the payment which abridges a holiday, or interferes with some longed-for purchase. And so they persuade themselves that his visits were needlessly frequent, and his charges are unreasonably high. They take the holiday, they make the purchase, and, as for the doctor, he must wait. They forget the heavy expense of the doctor's education, they take no stock of the knowledge

acquired by patient labour, they ignore the years of waiting for success, spent in gratuitous work among the poor, they minimize the debt they owe to his skill and care, and tardily and reluctantly they pay the remuneration he has fairly earned.

"Why," says Professor Ziemssen, "is the doctor to be branded as selfish because he asks for a suitable payment for the services he renders? Does not the civil servant of the State, does not the soldier, receive State pay; does not the barrister take fees from his client, the clergyman from his parishioners, and is not the chemist paid for the medicines he dispenses? Why should the doctors make the only exception? The surest way to receive the respect of the world is for a man to show that he sets due value on himself and his calling."*

Desirability of general understanding as to fees.

It were much to be wished, in their own interest, and that of the profession generally, that all the medical men in one district, and this especially in the country and in provincial towns, would agree among themselves as to the minimum rate of fee for different classes of patients, accepting the division adopted at Louvain, or that suggested by Dr. Styrap, or whatever classification might seem best to suit the circumstances of the district, and abide loyally by it. The old fable familiar to us from our nursery days, of the old man, his sons, and the bundle of sticks, seems unhappily to have

* *Loc. cit.* p. 14.

been forgotten by the doctors. Its teaching is the same as the Belgian motto—*L'Union fait la Force.*

Evil of uncontrolled gratuitous attendance at hospitals.

The doctor is often treated ill by the rich, whose selfishness makes them niggardly when they dare. The working-classes set small store by his advice, since to so large an extent they get it gratuitously. "Lor' bless ye, I don't want to ast no doctors, I 've seed too many on 'em." I have seen the estimate—I cannot vouch for its accuracy—that a fourth of the inhabitants of London get medical aid for nothing. They do not really value it, as one of the tragi-comic stories in that remarkable book, *Tales of Mean Streets*, well illustrates.* I have had more experience than most of the ways of the London poor. When young, I was physician to two dispensaries; the district of one included Golden Lane, and its purlieus, Saffron Hill and Field Lane; that of the other extended from the Mint in the Borough to Lambeth Church; and I can bear testimony to the accuracy of his delineations. His story tells of a poor woman, whose only son, a young man, is dangerously ill:

"'He's sinking fast,' said the doctor's assistant; 'he *must* have a stimulant. The man can't take solid food, and his strength must be kept up somehow.'"

She pleads her poverty: "'It's an expense—sich

* *Tales of Mean Streets*, by ARTHUR MORRISON. 8vo. London, 1894. "On the Stairs," pp. 199–211.

a expense, doctor; an' wot with arf-pints of milk, an'"——

It ends with the assistant giving her 5s. to buy a bottle of wine; his master had given 5s. for the same purpose the day before. Both sums had a different destination.

"'E's been a very good son, ain't 'e?' says a neighbour.

"'Ay, ay, well enough son to me; an' I'll 'ave 'im put away decent, though there's on'y the Union for me after.'"

Next morning. "'Ah! 'e's a lovely corpse,' said the neighbour; 'like wax; so was my 'usband.'

"'I must be stirrin',' was the reply, 'an' go about the insurance, an' the measurin', an' that. There's lots to do.'

"'Ah! there is. 'Oo are you goin' to 'ave? If you was thinkin' of 'aving mutes?'

"'Yus, yus; I'm going to 'ave mutes. I can do it respectable, thank Gawd.'

"'And the plooms?'

"'Ay, yus, and the plooms too. They ain't sich a great expense after all.'"

Small store is set by that which is to be had for nothing; and the free out-patients' rooms of our hospitals and dispensaries contribute largely to the demoralization of the working and lower middle classes, especially in London, and to the injury of the practitioners of medicine. These institutions point exultingly to the number of out-patients, and fancy that that affords a valid claim on the public purse; for they fail to see that one object of all charity is to raise the

character of the recipients, and not, under the plea of helping sickness of the body, to degrade their moral being. This evil reaches higher than the very poor, for the shopkeeper, and others of the middle class, are not ashamed to put on shabby clothes, and to present themselves as candidates for succour to which they have no claim, while the hospital reports glory in a number of out-patients, whose cases it would have been a physical impossibility to investigate properly.

When I was physician to the Hospital for Sick Children, all applicants were at one time admitted as out-patients, indiscriminately, and their number at last became so considerable as to far exceed the power of the medical officers to attend to them properly. An attempt was made to eliminate cases which had no claim on charity, by requiring the signature of a clergyman, or other minister of religion, or of a householder; but, as a check, this was perfectly illusory. Hence the following plan was adopted, and worked quite successfully. Every applicant was admitted once without enquiry. If it were desired that the attendance should continue, enquiries were made at the hospital, the result of which was entered on the letter, with reference to the wages of the child's parents, and their occupation, and the number in family, and this had to be countersigned by the Inspector of the Charity Organization Society for the

Unpopularity of checks on this evil.

districts in which the parents lived; and then the child was admitted as a permanent patient. This plan worked so well that the number of out-patients, which was 13,000 in 1873, was reduced to 9000 in 1876.* A similar result was obtained at King's College Hospital by the same means, where the number of out-patients fell from 33,866 in 1873 to 21,347 in 1876.

Failing health prevented my seeking re-appointment at the expiration of my term of office, and the plan which I had adopted was immediately discontinued. The house surgeons considered it a lowering of their dignity to enquire about anything not purely medical; the ladies at the head of the nursing staff found it a trouble; the doctors objected to anything that lessened the number from which interesting cases might be chosen as in-patients; while the committee, reversing the motto *Esse quam videri*, imagined that the reputation of the institution would be lessened by any regulation which restricted the out-patients to a number whose ailments could be properly investigated. Accordingly, in their report for 1896, the committee mention with complacency 74,224 attendances of out-patients in the previous year. Of the eight assistant medical officers, two have charge of the Convalescent Home at Highgate, so that each of

* For further details see my book on *Hospital Organization* pp. 83-93. Post 8vo. London, 1876.

the remaining six is supposed to take charge of 12,354 sick children annually, or 118 at each bi-weekly attendance. "See, my son," said the Swedish Chancellor, Oxenstiern, "with how little wisdom the world is governed"; and we surely may say, "With how little intelligence charity is administered."

Provident dispensaries.

The cases eliminated by the inspectors of the Charity Organization Society were, for the most part, such as are most suited for provident dispensaries. The idea of such institutions was first started in 1830, by Mr. Smith, of Southam, and was acted on, more or less on the lines which he had laid down, in various parts of the country. It was warmly advocated by the late Sir Charles Trevelyan, in a pamphlet entitled *Metropolitan Medical Relief*, published in 1871; and the late Sir W. Ferguson, and several other medical men, took up the project very warmly. In 1880, the Metropolitan Provident Medical Association was started. It proposed to provide medical attendance, not for men only, which was all that down to that time had been done by the different Friendly Societies, but also for women and children. It was thought that, at any rate at first, the payments of those who joined the association would hardly suffice to meet the expenses, and contributions were accordingly asked for from the wealthy, who thereby became honorary members, and had a share, in common with the paying members, in

the management of its affairs. The contributions were fixed at 1s. entrance fee; 6d. per month subscription for a single person, or 4d. in poorer districts; 1s. for man and wife; 1s. 10d. for man, wife, and children, or 1s. 4d. in poorer districts; or 3d. per child. The wage limit for members was fixed at 30s. for a single person, 40s. for a family. The wage limit and the rate of contributions are very reasonable, and the benefits offered very considerable, but the progress has been very slow; there being now only 19 branches, comprising 10,545 members. During the past year, the association received £640 from various donors, and has had donations, since its foundation, of large sums, amounting to £9000; while many expenses are saved by the doctors seeing the patients at their own surgeries. Nevertheless, the payments from members amounted only to £4731 1s. 11d., leaving a deficit of £741 17s. 4d. to be made up, after adding the balance of £606 16s. 7d. in hand on December 31st. The pecuniary position is partly explained by items such as these: Salaries, £1203 5s. 11d., or nearly 20 per cent. of the income; rent, taxes, coal, gas, and caretaker, £957 5s. 2d., or about 15·7 per cent.; or a total of more than 35 per cent.; while the money payments to the doctors amount to only 10 per cent. more, or 46 per cent. of the total income. If to this we add that the cost of drugs is 10¾d., while at nine Provident Dispensaries

in the country, with 45,957 medical visits, the cost of drugs was only 5¼d. per head, it is evident that there is some defect in the machinery of the institution, which cripples its usefulness, and interferes with its success.

Action of Friendly Societies.

The different Friendly Societies originally extended their benefits to men only, as they did not admit women to their membership. They provided him, however, with medical attendance, gave him sick-pay, and gave, also, a certain sum, on a member's death, to his family; and also, in some instances, some small sum on the birth of a child. Every man, however, had to submit to a medical examination before being enrolled; so that in a society composed of healthy men in the prime of life the amount of sickness was small. The payment to the doctor was inconsiderable; but the inducement to take the post was that the money was sure, so that there were no bad debts, and he was saved the worry and expense of collecting it, while the wives and children very often became his patients. Even then, however, the position of the doctor was that of a mere servant, liable to be reprimanded or dismissed at the pleasure of his masters, and bound to do all their behests. A medical man in Devonshire, whom I knew, was called up one night to go seven miles to see a patient who had met with an accident. The messenger said that the man had fallen from a waggon, and the wheel had

gone over his head, and he was stone dead, but that they wanted the doctor to come. "But what good can I do," he pleaded, "if the man is dead?" "Aye, he's dead, sure enough; but you're the club doctor, and are bound to come"; and he went.

The tale recalled to me some lines written more than sixty years ago about the luckless fate of the country surgeon, by Dr. Mackintosh, of Colchester, in which he tells how

> "At length, with toil and cares opprest,
> He seeks his bed, in hopes of rest.
> Vain hope! His slumbers are no more,
> Loud sounds the knocker at his door.
> Feeling and fumbling in the dark,
> He in the tinder strikes a spark;
> And as he, yawning, dons his breeches,
> Envies his neighbour, blest with riches,
> Who, fast asleep on bed of roses,
> Where calm and soundly he reposes,
> Dreams not of the unnumbered ills
> That wear and tear the man of pills."

Absence of wage limit.

The Friendly Societies have now either extended their medical provisions to women and children, or have formed medical clubs affiliated to themselves, but with no wage limit; so that at Coventry, with a population of 52,000, more than 30,000 belonged to clubs, and had a claim on the medical men for attendance in illness in return for a subscription of some 12s. a year to the society. Among these were innkeepers, tradesmen, and persons with an income

of £300 a year and upwards, while the doctor was paid at the rate of some 3½d. a visit. At Northampton, with a population of 64,000, more than half belong to these clubs, from which the doctor receives 3½d. a visit; and since there is no wage limit, a former Mayor of the town is one of the members, and unblushingly receives this all but gratuitous medical attendance. Nor is this all. But the medical man is reduced to the position of a servant; and the answer with which one was met at Northampton, when remonstrating on some purely medical matter, was, "You must do what we say while you *was* in our service." At Stockport the club doctor paid 5600 visits for £15 0s. 7d., including medicine; at Hull, without medicine, each visit brought the doctor the magnificent sum of seven farthings.

Oppression of the doctor.

It is needless, however, to go into further detail with reference to the club system as at present carried out. The illustrations which I have given are taken from the pamphlet, *The Battle of the Clubs*, by the special commissioner of the *Lancet*.

Its most grievous evil is the absence, in most case, of any wage limit—more grievous, even, than the inadequate pay of the doctor. It deprives him, especially in the less wealthy districts, of a large number of patients perfectly able to pay moderate charges, and compels him to accept the dole of the clubs as the only

means of obtaining a livelihood. When he has joined a club, however, having no voice in anything connected with the medical working of the society, he sinks to the position of the servant, or rather the slave, of a set of people who very often are such as those who made the hideous disturbance, a few months ago, at the meeting of the Labour Congress. Such clubs are a fraud—and a conscious fraud—on the doctors; and it seems useless to appeal to any feeling of right, of fairness, of honourable dealing on the part of their managers, in order to place the medical man in a position becoming a gentleman. Too often, I fear, the opportunity of bullying the doctor goes for something in the treatment he receives.

Want of solidarity among doctors.

The remedy is in the hands of the doctors; and if the spirit of confraternity, of colleagueship existed as it ought, these lamentable evils would not have come to pass. Let the doctors in any town or district combine, and make their conditions with the clubs, resigning if they are not acceded to, and the face of things would be completely changed. But the clubs know only too well that the doctors are incapable of combining; that they can always import one or two medical men, who, putting their interest, as they short-sightedly regard it, before their duty to their profession, will be ready to step in, and embrace the opportunity of getting a footing in the town or neighbourhood. And so long as this low

moral tone continues in the profession, so long will the doctors continue to be the Helots of the clubs.

The contest is sure to be won, if medical men will only loyally co-operate. At Brussels, where much the same state of things existed as in England, 430 out of the 450 medical men in the city formed a league, a syndicate they called it, and, within less than a year, the victory was three-parts won. At Eastbourne the medical men have started an association of their own, which they call "The Eastbourne Provident Medical Association," which offers to subscribers the same benefits as the clubs, and is ready to enrol all duly-qualified practitioners, except homœopaths, in their numbers. All members of the staff must engage not to start other clubs except at higher rates, and not to hold professional intercourse with any man who is associated with any club, until it has altered its practice of canvassing for members in the interests of individual practitioners, and of offering their medical man inadequate remuneration.

Eastbourne's excellent plan.

Their plan appears to me almost unexceptionable, save that it will require some pecuniary outlay at the commencement, which, however, can, no doubt, be easily raised by a subscription among the medical men, all of whom, 38 in number, have joined with one exception, and he is not unfriendly. Two criticisms only I have to offer, the first, as to

the refusal to meet a club doctor in consultation, and that not merely in the case of club patients, which may be a great hardship to his patient, and may lead to the introduction of a medical man from without; and the second, as to the exclusion of homœopaths, if registered practitioners. Practitioners thus boycotted would probably become doctors to the clubs, and their own faith in the system is seldom so robust but that they would be ready to treat allopathically any one who professed it. Moreover, persecution, unless carried to the length of extermination, as was the case with Protestantism in Spain, is scarcely ever successful.

Inaction of College of Physicians.

If the College of Physicians had risen to the occasion, and had felt that the first and oldest medical corporation in the kingdom was something more than an Examining Board, and that the 6309 Licentiates who have paid nearly £100,000 in fees, and have pledged their fealty to the College, had a right to look to it as to a parent, and not to be dismissed *à la Grâce de Dieu*, the present struggle would not have lasted long. Had the College kept in touch with the profession, its exhortation to common action on the part of all practitioners could not have been suspected of being inspired by personal interest. It could have given counsel how best to rescue the practitioners from degradation, and how to draw up a scheme fair to all concerned, and honourable to the

profession. But, wanting an authoritative central body, whose members had no personal interest in the question, and which even the help of the British Medical Association could not supply, the solution of the difficulty is less easy, and will take a longer time.

It appears to me highly probable that common action on the part of all the medical men in a town or district, and the refusal to meet in consultation, in the case of club patients, any club doctor, will in most instances bring about such a reform in the medical arrangements of benefit clubs, as will render the position of the practitioner an honourable one, and one reasonably remunerated.

Recommendations.

Failing this, there remains the course adopted by the Eastbourne practitioners, of a Provident Dispensary, founded and conducted by the doctors themselves. This would, indeed, if it can be carried out, appear to be the best plan for every one concerned, if the terms of membership can be kept as low as at Eastbourne, where with a wage limit of 35s., and a membership ticket of 2d. per week for persons above fourteen, and 1d. per week for all below that age; while with a wage limit of 25s. the payments are 1d. per week all round. For the doctor it has the advantage that no costly building will be needed for a dispensary, but only a small room for an office, and the sum needed for printing the cards, and for the salary of the clerk and

collector; while the members will have the great benefit of being able to select their doctor from among all the practitioners in the town or district.

But for this, unanimity among the doctors is the first condition; and it is a lamentable fact that while working men can combine for their own purposes—and those often, though not always, good and righteous purposes—medical men seem unable to sink their private ends, jealousies, and quarrels for the incalculable good of the profession of which they are members. If they cannot, or will not, do this, the same degradation of the individual, the same miserable remuneration, and what they themselves call the sweating of the medical officers of clubs by the inadequate pay offered for work done, must continue to the end of time.

III.

The Practitioner's Rewards

SOME will possibly say, "You jest when you speak of rewards." The study of medicine has been shown to be arduous; its practice most laborious, and attended with danger of illness, and risk of death; and the same amount of ability employed in any other pursuit would bring with it wealth, titles, honour, or a great name, none of which does medicine promise. All true enough; but they who thus complain have failed to bear in mind the mottoes on the title-page of this little book. The victor in the Olympian games did not complain because the garland which he won was only a wreath of olive; and the doctor must be content with prizes such as are held out to him at the outset of his career. Rewards very real.

The study, it is true, is arduous; but still, as the student goes along in the discharge of his daily duties, there will be much to reward him, and those rewards will be of the highest kind. His lot is unlike that of many whose common In study.

business affords but little scope for the employment of the higher faculties of the mind; for it is alike his duty and his privilege to live in, and by, the constant exercise of his intellectual powers; and, instead of those two grand objects, *Georgica Animi, Fabrica Fortunæ*, clashing, as they too often do, the culture of the mind will be the great means towards building up his fortune.

Nor is this the only benefit which is assured to those who follow our profession. Universal experience confirms the truth of the saying of the wisest of men, "He that increaseth knowledge increaseth sorrow." The vastness of the domain to be explored, the imperfection of our means, the mistakes in our processes—all the more evident as we learn more, and the shortness of our life, which forbids us leisure to correct in age the intellectual any more than the moral errors of our youth, have called forth from each generation the same complaint as that of Faust:

> "Oh! with what difficulty are the means
> Acquired, that lead us to the springs of knowledge!
> And when the path is found, ere we have trod
> Half the long way—poor wretches! we must die!"

But from this feeling we are spared; for as our object is not the acquisition of knowledge for the purposes of barren contemplation, or idle speculation, or curious inquiry, but for use;

so, unless we are most untrue to our engagements, there will be mingled almost imperceptibly through every day a larger portion of "that corrective spice of charity which maketh knowledge so sovereign," than in any other pursuit in which man's intellect can be engaged. The common incidents of daily life, indeed—sleeping and waking, thirst and hunger—furnish problems too hard for us to solve, and thus serve to teach us daily lessons of humility; but "vexation of spirit" can scarcely be engendered in our pursuit of knowledge, when the morning's addition to the store may, before night, find fitting application in the additional relief it helps us to afford to some suffering fellow-man.

In practice.

Thus to taste the sweets of knowledge almost without the bitter is certainly no mean privilege, and one which may well be weighed against some of those disadvantages, in a worldly point of view, under which the practitioner of medicine labours. It is, however, a source of regret with many, that large wealth and high station, and the honours of office, and the dignity of rank, form no part of the prizes to which they can successfully aspire; and they not unnaturally refuse to acquiesce in an arrangement, the justice of which they do not perceive. But *sunt sua præmia laudi*, there are *appropriate* rewards for deeds deserving praise. The statesman, and the lawyer, and the warrior, confer public benefits, and it is most fitting that from

Rewards not public.

the community at large they should receive the rewards of public praise and public honours. The merchant or the manufacturer, in gaining wealth, increases every year the number of his dependents, and finds himself, almost without seeking it, possessed of power; and they who in any way promote, or seem to promote, the wishes or the interests of the multitude, will meet with a fitting recompense from the multitude. But we have entered on a different career from any of these; we serve the State in a private capacity, and err if we expect public rewards. Our place is not in the busy mart, or the thronged arena, but in the silence and the solitude of the sick-chamber; our heroism is not displayed before a crowd of spectators, nor are the fortunes of a nation dependent on its issue — but we encounter disease, and expose ourselves to contagion, and run the risk of death, to save, if possible, a single life; and with no other witnesses than our patient, and the few friends who gather round his bed. But, high as may be the intrinsic worth of deeds such as these, it must, I think, strike every one that their merit would be lost, if among the motives to them there were admitted the expectation of large wealth, or the desire of worldly applause. Nor is there merely an incongruity between such acts of self-sacrifice and the craving for public rewards; but, how faithfully soever we may perform the ordinary

duties of our profession, there is that in their very nature which, I think, renders any such expectation unreasonable. Not only do not our occupations enable us to sway the opinions, or control the conduct, or govern the destinies of numbers, but we do not even add to the wealth, or increase the power, or extend the influence of any; we have not to do with men at a time when their course is prosperous, or their intellect most vigorous, but we come to them when sad, and stricken, and suffering; we are conversant with all their weaknesses; more even of their wrong doings are exposed to us than to any one else; our functions, surely, are not those which we can expect the world at large should delight to honour. The benefits we confer are on the individual, and through the individual on the community; the honours we may attain to are not such as titles would enhance; they are the higher honours of personal respect, and gratitude, and affection.

But though I am most anxious to guard against indulging expectations or desires which can never be realized, I wish, at the same time, to express my conviction that there is no occupation, in the pursuit of which are to be found more of the elements of the very highest kind of happiness, than in the exercise of the profession of medicine. We are spared in it from many of the gravest sources of anxiety and disquietude that attend upon most other engagements;

and while diligence will almost invariably secure an honourable competence, we shall be disturbed in its pursuit by fewer clashings between duty and interest than would occur to perplex and harass us in any other calling. The culture of the mind, to which most can turn but now and then in the intervals of business, is our daily duty; the exercise of those virtues of charity, and patience, and compassion, for which others have to set apart particular seasons, and to seek fit occasions, is the employment of our life. How honourable, how useful, how happy, and how truly wise may one not become in the practice of this profession, of all but one the divinest and the best!

Desire for fame mistaken.

And yet there is a passion that gets admission into the bosoms of many, and most easily, perhaps, into the bosoms of those of highest promise, and of kindliest nurture, and which, unless rightly controlled, spoils much of the usefulness, and still more of the happiness, of men who would not have been led astray by the inordinate desire of wealth, or the ambition of worldly honours. The love of fame, the longing to establish a reputation which shall outlast the narrow limits of our own lives, is less likely to be gratified in the practice of medicine than in any other pursuit which calls for an equal amount of unceasing intellectual activity; and it will not only spare

us all much disappointment to make up our minds to this at an early period in our career, but it will also leave our hearts open to the influence of higher and nobler motives than the love of fame can furnish. There are many departments of knowledge in which he who makes a step forward does it for all time; many of the discoveries of the astronomer or the chemist, many of the labours of the mathematician, have established truths which remain true for ever. The advances in medicine, however, are far more uncertain; we follow different modes of investigation, we use different remedies from those employed most commonly a century ago, and have even to treat diseases, in a great measure, different from those which engaged the attention, and called forth the skill, of our forefathers. Nor is this all; but the qualities that make up the good physician are, in great measure, incommunicable; they cannot be put on record, but must needs die with him, and their memory can scarcely outlast the generation who witnessed them. Of those who once occupied the foremost rank in their profession, how small the number whose names are familiar to practitioners of the present day; how much smaller their number whose works so survive as, after the lapse of fifty years, to be still appealed to as authorities!

But, if the additions we can hope to make to

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our stores of knowledge are but small, so that the work of a whole life will issue in little more than the dropping a mite into the common treasury, where, though it will remain for the general use and profit, yet the donor of so small a gift cannot hope to be remembered for it; still, the additions that we can make to the sum of human happiness are very large. We cannot ensure for ourselves great scientific fame, or a widely-extended reputation, or a lasting remembrance; for, as knowledge increases, the truth we saw but half, another may discern completely, and his name will take the place of ours; but we can ensure for ourselves that, while living, our names shall never be mentioned without a blessing, and that, when gone, our "memory shall smell sweet, and blossom in the dust." There is, indeed, a power in goodness which preserves the name beyond the time when oblivion usually overtakes it, as the balsams and sweet spices of the Egyptians saved the body from decay; while, when the evil die,

> "Like tales
> Ill-told, and unbeliev'd, they pass away,
> And go to dust forgotten."

True, then, though it may be that, while great wealth seldom falls to the doctor's share, and that he must content himself with that modest competence which probably brings with it the most real happiness, and though he

is unwise if he seeks for honours and titles; the private rewards of love, gratitude, friendship, may come to him abundantly—treasure that will not rust, honours that will not fade.

And, lastly, and of all rewards the most precious, his daily work is like that of our great Exemplar, who "went about doing good." He has not, like the merchant, the banker, or the tradesman, to lay aside for it his daily avocations, and to seek out opportunities for the good he fain would do, for the doctor finds it in "the trivial round, the daily task."

Illustration of good a doctor can do.

How much good a country doctor may do in a small and neglected parish is excellently shown in a very interesting story, told by Professor Humbert,* which is quite worth recording.

"I know a place," says he, "where, fifteen or twenty years ago, the level, not merely of intellectual culture, but even of common agricultural knowledge, was extremely low. The cottages and cattle-sheds were filthy, the women dirty, the men boorish, the children ill-fed, rickety, and wild. A good-hearted young doctor settled down in this wretched locality, and soon stirred the curé and the inmates of the great house to take some interest in the schools.

"He induced the lady of the house to bring some little girls together, and to put benches for them in the orangery, where she taught them to knit, to darn stockings, to mend clothes, to keep their home a

* *Loc. cit.*

little tidy, and to cook vegetables and eggs in different ways.

"All this, of course, does not, of itself, put a new face on things, but frequent contact with the great lady gradually tamed these uncivilized little beings, taught them gentler manners, and gradually formed a class of maidens knowing how to manage their little homes properly, and, when they married, to counteract the attractions of the public-house by a comfortable and cheerful home.

"The doctor pointed out to the curé, who himself was a good musician, that some of the little ragamuffins who went about snaring birds, and robbing orchards, had very good voices; and reminded him that he had a good harmonium in the presbytery. He remarked to him that Orpheus had not many strings to his lyre, and that yet he managed to tame wild beasts, and that the curé ran no danger of being eaten if he tried to teach these little vagabonds their notes. The curé consented to beat time with his staff, and soon succeeded in teaching them some simple tunes; and then, in course of time, hymns for festivals which delighted the parishioners, and induced many of them to attend the services of the Church.

"In the meantime, the young man himself set actively to work on his part. In the long winter evenings he got the young lads together to listen to him reading some good and amusing book, for, to him who knows nothing, everything is interesting. Now and then he interspersed his readings with lectures, sometimes on drunkenness, which brings a man below the level of the brute; sometimes he taught them gymnastics, sometimes he gave them elementary

lessons in domestic hygiene, and taught them how to take care of their health; while he opened to them an insight into many things which helped to make them wiser and better.

"He instructed the older men in the general principles of agriculture, pointed out the lands that needed draining, and those which required a dressing of lime, and went into all those details of husbandry which an intelligent man, not bred to the farm, could teach an ignorant peasantry.

"He showed the women how to feed their children, how to wash and dress them, how to nurse their husbands when ill, as well as how to make the cattle and the dairy bring in the best return.

"After the doctor had followed his apostolate for some years, all the village worshipped him, and the village itself was so changed as to be unrecognizable. Such changes are not wrought in a day, and up-hill work is hard, and needs time, patience, and persevering labour. But, among the so-called great men, and those to whom a grateful public erects statues, is there any who can, with greater justice than this man, bear witness to himself, 'I have been useful to the great family of mankind; I have really brought about some good'? TRANSEAMUS BENEFACIENDO. Let us pass through life doing good. Such is the duty of every man in this world, and more especially is it that of the doctor."

Summary of doctor's reward.

I can find no higher rewards than these; they seem to me ample enough—a well-spent life, a happy home, sufficiency for his daily needs, and something more; and he who has, and values, these, like the shepherd lad in the *Pilgrim's*

Progress, will wear more of the herb Heartsease in his bosom than many another man. And when work is done, and the evening shadows tell of the approaching sunset, he may calmly wait, as the story tells the pilgrims waited, their journey almost over, in the happy country:

"Neighb'ring on heaven, and that no foreign land."

APPENDIX.

NOTE A.

"DR. JOHN GREGORY was born at Aberdeen, June 3rd, 1726, where his father, Dr. James G. Gregory, and his grandfather, had both been Professors of Medicine in the university of that city. His father having died when he was very young, his education was directed by his elder brother, James, who succeeded to his father's professorship, and by his cousin, James Reid, the metaphysician. He went to Edinburgh, in 1742, to study medicine, where he formed close friendship with Akenside; and afterwards, in 1745, to Leyden, to continue his studies under Albinus. While there the degree of M.D. was conferred on him, in his absence, by the University of Aberdeen, and, on his return, in 1746, he was appointed Professor of Philosophy there. He resigned that chair, however, in 1749, in order to devote himself entirely to medicine, and, in the same year, married Elizabeth, daughter of Lord Forbes, who was said to be rich, beautiful, and accomplished. He went to London, in 1754, with the intention of settling there, but was almost immediately recalled to Aberdeen by the death of his brother, whom he succeeded in the professorship, and practised there till 1764, when he went to Edinburgh, where, in 1766, he was appointed Rutherford Professor of

Medicine, Cullen having been his opponent; and was selected, on the death of Dr. Whytt, to the post of Physician to the King in Scotland. Cullen having been soon after appointed Professor of the Institutes of Medicine (mainly a physiological lectureship), Gregory and Cullen lectured, in alternate years, on the Institutes and the Practice of Medicine. At Edinburgh he was intimate with all the most accomplished literary men, as well as with the best social circles. He was not an eloquent, but a very sensible, teacher, and, personally, bore a very high character for benevolence. He died suddenly of gout, February 9th, 1773.

"He wrote a work on the *Elements of the Practice of Physic*, in 1772, and the second edition appeared after his death, in 1774; but his medical writings are of no great value, and of his *Comparative View of the State and Faculties of Man with those of the Animal World*, 1766, second edition, 1777, the title alone survives.

"He is best and deservedly known by his book on the *Duties and Office of Physicians*, 1770, of which the second edition, with the title of *Lectures on the Duties and Qualifications of a Physician*, appeared shortly before his death, in 1772; and also by a posthumous work, *A Father's Legacy to his Daughters*, published in 1774, which went through many editions both in this country and in France; and which, though it may seem antiquated now, is very sensible, kindly, and practical."

Dictionary of National Biography, and "Life" prefixed to a *Father's Legacy to his Daughters*.

NOTE B.

"DR. THOMAS PERCIVAL was born at Warrington, in Lancashire, September 29th, 1740. He lost his parents when only three years old, and was brought up by his eldest sister. He was educated at the Grammar School of the town, and (1757) became a student at the Warrington Academy, which had just been started under Dr. Aiken. He distinguished himself there, and (1761) went to Edinburgh; his opinions, as a dissenter, preventing his entering at Oxford or Cambridge.

"At Edinburgh he became acquained with Hume and Robertson, and formed a lifelong friendship with Lord Willoughby of Parham, through whose recommendation he became a Fellow of the Royal Society, and to whose kind offices he was, in various ways, much indebted.

"He took his degree of M.D. at Leyden, in 1765, settled at Warrington, and married the daughter of Mr. Nathaniel Bassett. In 1767 he removed to Manchester, where he remained till his death on August 30th, 1804.

"He was much respected in Manchester, where he was one of the Physicians to the Infirmary, and one of the founders of the Manchester Literary and Philosophical Society. He published a work called

Essays Medical and Experimental; a Father's Instructions, and Moral and Literary Dissertations, all of which raised his reputation as a good scholar, a sound thinker, and an elegant writer, and led to his forming the acquaintance of most of the distinguished literate and men of science of the day.

"The work, however, which associaties his name, at the present day, with the medical profession, is his book on *Medical Ethics*, published at Manchester in 1803, the year before his death. It is very clear, very sound, very kindly, and does equal honour to the intellect and the heart of the man who wrote it. It is a Law Book; or, more strictly, a Book of Laws, and, therefore, of necessity, very dry; and, being written, or, at any rate, begun, in 1792, the hundred years since then have brought with them so many changes as to render them inapplicable to the exigencies of the present day. My dear friend, the late Dr. Greenhill, himself especially '*un homme d'autre fois*,' scarcely realized this when, in 1849, he republished the *Medical Ethics*."

"Life," prefixed to Dr. Greenhill's edition of Percival's *Medical Ethics*.

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